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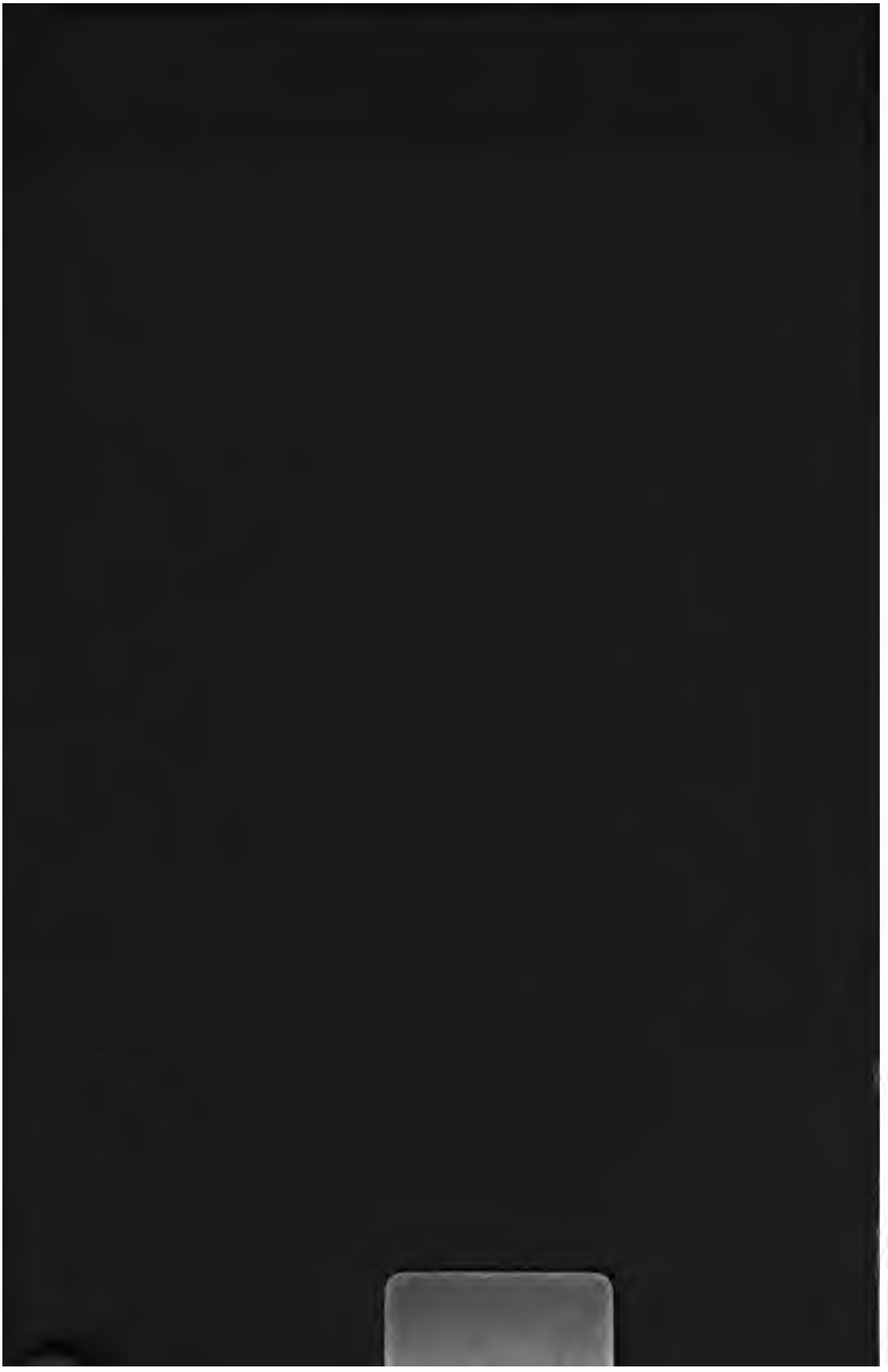

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TRANSACTIONS

OF THE

MEDICAL ASSOCIATION

OF THE

STATE OF ALABAMA.

THE STATE BOARD OF HEALTH.

ORGANIZED 1847—SESSION 1889.

MONTGOMERY, APRIL 9-12, 1889.

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THOMAS A. MEANS, M. D., *Chairman.*

THE MINUTES OF THE PROCEEDINGS

OF THE

MEDICAL ASSOCIATION

OF THE

STATE OF ALABAMA.

THE MINUTES OF THE PROCEEDINGS.

SESSION OF 1889.

THE PROCEEDINGS OF THE FIRST DAY.

MOBILE, TUESDAY, APRIL 9.

The Association assembled in Temperance Hall at 10 o'clock, A. M., Tuesday, April 9, 1889.

The following Counsellors, Delegates, Health Officers, members of county societies, and visiting physicians from other States, appeared and registered:

GRAND SENIOR COUNSELLORS:

ABERNETHY, WILLIAM HENRY, Birmingham, Jefferson county.
BALDRIDGE, MILTON COLUMBUS, Huntsville, Madison county.
COCHRAN, JEROME, Mobile, Mobile county.
FURNISS, JOHN PERKINS, Selma, Dallas county.
GODFREY, JAMES MYERS, Sumterville, Sumter county.
JACKSON, WALTER CLARKE, Montgomery, Montgomery county.
KETCHUM, GEORGE AUGUSTUS, Mobile, Mobile county.
MCKITTRICK, ADAM ALEXANDER, Evergreen, Conecuh county.
MEANS, THOMAS ALEXANDER, Montgomery, Montgomery county.
REESE, AUGUSTUS JORDAN, Mobile, Mobile county.
SANDERS, WILLIAM HENRY, Mobile, Mobile county.
SEARS, JOHN WILLIAM, Birmingham, Jefferson county.
SEELYE, SAMUEL DIBBLE, Montgomery, Montgomery county.
STARR, LUCIUS ERNEST, Camden, Wilcox county.
WEATHERLY, JOB SOBIESKI, Montgomery, Montgomery county.

SENIOR COUNSELLORS.

CROSS, BENJAMIN FRANKLIN, Decatur, Morgan county.
DUBOSE, WILDS SCOTT, Columbiana, Shelby county.
FLETCHER, RICHARD MATHEW, Madison, Madison county.
FRANKLIN, CHARLES HIGGS, Union Springs, Bullock county.
GAINES, VIVIAN PENDLETON, Mobile, Mobile county.
GOODWIN, JOSEPH ANDERSON, Jasper, Walker county.

HILL, SAMUEL HENRY, Carrollton, Pickens county.
JAY, ANDREW, Evergreen, Conecuh county.
PHILLIPS, WILLIAM CRAWFORD, Selma, Dallas county.
SHOLL, EDWARD HENRY, Birmingham, Jefferson county.
SLEDGE, WILLIAM HENRY, Livingston, Sumter county.
SMITH, DANIEL EDGARLY, Mobile, Mobile county.
STOVALL, ANDREW MCADAMS, Jasper, Walker county.
THETFORD, WILLIAM FLETCHER, Talladega, Talladega county.
THOMAS, JAMES GRAY, Mobile, Mobile county.
WARD, HENRY BASCOM, Cuba, Sumter county.

JUNIOR COUNSELLORS.

BALDWIN, BENJAMIN JAMES, Montgomery, Montgomery county.
BINFORD, PETER, Somerville, Morgan county.
BRAGG, SHIRLEY, Lowndesboro, Lowndes county.
HILL, LUTHER LEONIDAS, Montgomery, Montgomery county.
HUGGINS, JACOB, Newberne, Hale county.
INGE, HENRY TUTWILER, Mobile, Mobile county.
JONES, JOHN CULBRETH HEZEKIAH, Fairfield P. O., Stone, Pickens county.
KENDRICK, JOEL BEDER, Greenville, Butler county.
MCWHORTER, ABBOTT MILTON, Gaylesville, Cherokee county.
WHEELER, WILLIAM CAMP, Cherokee, Colbert county.
WHELAN, CHARLES, Birmingham, Jefferson county.
WILKINSON, JAMES ANTHONY, Flomaton, Escambia county.

DELEGATES.

Autauga County Medical Society—E. A. King, Autaugaville; James E. Wilkinson, Prattville.

Baldwin County Medical Society—Edwin Lesley Marechal, Stockton; Joseph Dunlap Trammell, Bay Minette.

Bibb County Medical Society—Frederick Fannin Gage, Briarfield.

Bullock County Medical Society—Henry Mitchell Hunter, Union Springs.

Butler County Medical Society—Charles Alston Thigpen, Greenville.

Calhoun County Medical Society—John M. Crook, Jacksonville; John C. LeGrand, Anniston.

Chambers County Medical Society—William Henry Hudson; Charles Franklin Perry, La Fayette.

Cherokee County Medical Society—Thomas N. White, Spring Garden.

Choctaw County Medical Society—Daniel McCall, DeSotoville.

Clarke County Medical Society—Henry George Davis, Gainestown.

Conecuh County Medical Society—Hugh Thomas Fountain, Burnt Corn.

Covington County Medical Society—William J. Head, Andalusia.

Crenshaw County Medical Society—Joseph Robert Horn, Luverne; Felix M. T. Tankersly, Argus.

Cullman County Medical Society—M. L. Johnson, Cullman.

Dallas County Medical Society—James Marion Donald, Marion Junction; Samuel Gilbert Gay, Selma.

DeKalb County Medical Society—Andrew J. Vann, Collinsville.

Elmore County Medical Society—James Knox Rushing, Tallassee.

Escambia County Medical Society—James L. Bass; Stephen Cary Henderson, Brewton.

Etowah County Medical Society—Daniel Harris Baker, Gadsden; John Pope Stewart, Attalla.

Fayette County Medical Society—John Harvey Duncan, Fayette Court House.

Geneva County Medical Society—Thomas Jefferson Ward, Geneva.

Hale County Medical Society—William McNeil Wedgeworth, Newberne.

Jackson County Medical Society—Andrew Boyd, Scottsboro.

Jefferson County Medical Society—Edward Powell Riggs; B. Leon Wyman, Birmingham.

Lamar County Medical Society—Dixie D. Hollis, Sulligent.

Lauderdale County Medical Society—Perry Isaac Price, Florence.

Lowndes County Medical Society—Charles Taliaferro Weatherly, Benton.

Macon County Medical Society—William Buchanan Arbery, Notasulga.

Madison County Medical Society—Charles A. Robinson, Huntsville.

Marengo County Medical Society—Charles B. Thomas, McKinley; Charles Boaz Whitfield, Demopolis.

Mobile County Medical Society—Charles A. Mohr; William Barnesmore Pape, Mobile.

Monroe County Medical Society—William Wallace McMillan, Monroeville.

Montgomery County Medical Society—Glenn Andrews; George Wilkins McDade, Montgomery.

Morgan County Medical Society—Howell B. Gwin, Decatur.

Perry County Medical Society—Charles A. Wilkerson, Marion.

Russell County Medical Society—Zachary William Williams, Glennville.

St. Clair County Medical Society—Oliver M. Steadham, Easonville.

Sumter County Medical Society—Mathew Bunyan Cameron, Sumterville; John McKenzie Henson, Coatopa.

Talladega County Medical Society—Barklay Wallace Tool, Talladega.

Tuscaloosa County Medical Society—Eugene DuBose Bondurant; Frank Herndon Sims, Tuscaloosa.

Winston County Medical Society—Thomas P. Deweese, Nauvoo, Walker county.

Forty-two county societies, represented by fifty-seven delegates.

The counties of Barbour, Blount, Chilton, Clay, Cleburne, Coffee, Colbert, Coosa, Dale, Franklin, Henry, Lawrence, Lee, Limestone, Marion, Marshall, Pickens, Pike, Randolph, Shelby, Tallapoosa, Walker, Washington and Wilcox, sent in their reports, but failed in representation.

The following Health Officers were present:

Baldwin county—Edward Lesley Marechal, Stockton.
Choctaw county—Robert Bryant Carr, Pushmataha.
Jackson county—Andrew Boyd, Scottsboro.
Jefferson county—John Calhoun Dozier, Birmingham.
Lowndes county—Shirley Bragg, Lowndesboro.
Mobile county—Thomas S. Scales, Mobile.
Monroe county—William Wallace McMillan, Monroeville.
Sumter county—William Henry Sledge, Livingston.

MEMBERS OF COUNTY SOCIETIES VISITING.

Clarke county—Benjamin Shields Barnes, Suggsville; George Washington Files, Gosport.
Choctaw county—William F. Kimbrough, Bladen Springs.
Jefferson county—William Locke Chew, Ruffin Coleman, John D. S. Davis, William E. B. Davis, Robert T. Jones, Thomas J. Nixon, Birmingham; James C. Curry, Bessemer; Edward Parish Lacy, Dolomite; Thomas Jefferson Brown, Russell McWhorter Cunningham, John Frederick Huey, Pratt Mines.
Mobile county—Angelo Festorazzi, James Jefferson Henderson, Henry P. Hirshfeld, Samuel Holt Hodgson, James F. Heustis, William Jackson, Charles LeBaron, Samuel Rutherford Oliphant, Calvin N. Owen, Dudley Crawford Randle.
Montgomery county—John Howard Blue, Montgomery.
Morgan county—James Enoch Conyngton, Decatur.
Sumter county—Alexander Menzes Garber, Livingston.

FRATERNAL MESSENGERS.

Dr. Landon B. Edwards, of Richmond, secretary of the Medical Society of Virginia, and Morris J. Thompson, of Meridian, delegate from the Mississippi State Medicial Association,

were officially recognized and offered the privileges of the floor and debate.

Mr. Richard Hines, Jr., city editor of the Mobile Register and special correspondent of the New Orleans Picayune, and Mr. James W. Sharpe, special correspondent of the New Orleans Times-Democrat, were present and received the usual courtesies due them as representatives of the press.

SUMMARY.

Grand Senior Counsellors	15
Senior Counsellors	16
Junior Counsellors	12
Delegates	57
Health Officers	7
Members of County Societies and others visiting	24
Visitors from other States and representatives of the Press	4
Total	135

George Augustus Ketchum, of Mobile; Edward Henry Sholl, of Birmingham; Samuel Dibble Seelye, Job Sobieski Weatherly, of Montgomery, ex-presidents; Benjamin Franklin Cross, of Decatur; Richard Mathew Fletcher, of Madison; James Myers Godfrey, of Sumterville; Lucius Ernest Starr, of Camden, ex-vice presidents, were present, and were accorded the honors due them.

There were present of the Board of Censors and Committee of Public Health, Drs. Jerome Cochran (Senior Censor), Charles Higgs Franklin, George Augustus Ketchum, William Henry Sanders, Samuel Dibble Seelye, Job Sobieski Weatherly.

The Association was called to order by the President, Dr. Milton Columbus Baldridge, of Huntsville, at 12 o'clock, noon, and opened with prayer by the Rev. J. R. Burgett, D. D., of the Government Street Presbyterian Church.

After which the Hon. Joseph C. Rich, Mayor, on behalf of the city and citizens of Mobile, delivered the following—

ADDRESS OF WELCOME.

Mr. President, and Gentlemen of the State Medical Association:

I am here to-day on behalf of the people of Mobile to welcome you to their city and its homes. I greet you as the worthy representatives of a noble calling, as the faithful friends and zealous guardians of public interest, and as members of an organization that has accomplished great good for the people of Alabama. The organization of the State Medical Association was an event of no small importance in the history of the State; and its growth and progress have been watched with increasing interest and pride. You have organized the best brain of the State in the important labor of providing greater security and better protection to a people often threatened and sometimes sorely afflicted by pestilence and disease. You have stimulated the individual members of your honorable profession to new endeavor in the great science of medicine; you have made more capable and accomplished physicians in every community of a State that has at all times been justly proud of its medical representatives, and, better than all, you are fast making it impossible for incapable and incompetent men to thrust themselves upon the people, or to bring discredit upon you and your high calling. In doing this you have rendered the people a service the value of which cannot be over-estimated; and it has been an unselfish labor that is appreciated and will not be forgotten. The record of the State Medical Association is a monument to the splendid talents, and to the patient industry and honest toil of the physicians of Alabama. You have met and overcome difficulties at every step in your progress. Unaided, and often without encouragement, you have kept on until you have made the Association what we behold it to-day: an organized army of science and progress, ceaseless in its vigilance, and tireless in its efforts to promote and advance the best interest of a great commonwealth. These splendid results are all the more creditable to you, because accomplished at the expense of your personal and private interests. Notwithstanding the fact that the life of the physician is one of peculiar hardship and incessant toil, they have always been ready and have always found time to answer every call of public duty. In time of war and peace alike, the same ready response has been made upon the stricken fields of the South; in the lonely hospitals of pain, with the sick and the wounded; in the homes of our fair southern cities that have been made desolate so many times in the past; in every relation, public and private, the conduct of the physician has been characterized by so much of heroic courage and loving kindness as to ensure to him and his brothers a hearty welcome in every grateful community in the land. These splendid services, performed with such courage and fidelity, give to you a passport of friendship and a letter of introduction that we recognize with infinite pleasure. We

esteem your coming an honor to our city, and we sincerely trust that we may be able to contribute something to this occasion that may make it one memorable in its pleasure to you. I speak no mere words of ceremony and formality when I say that you are welcome to Mobile and its hospitable homes.

Dr. T. S. Scales, president of the Mobile County Medical Society, then welcomed the association on behalf of that society in the following language:

Mr. President, and Gentlemen of the
Medical Association of the State of Alabama:

Upon me, as president of the Mobile County Medical Society, devolves the honored but embarrassing duty of extending to you, on behalf of said society, a cordial welcome.

You are here assembled, some from sections of the State representing mineral wealth, others from the rich agricultural fields, and others from pine forests whose long needles will, at no distant day, point to untold wealth. Here assembled you meet still others representing—what? Our quiet city by the gulf, a city noted for her elegant fishing grounds, her extensive oyster beds, her beautiful shell drive skirting our bay and bordered with gigantic magnolias, festooned with Spanish moss; a city noted for the hospitality of her men, and, last but not least, the beauty of her women.

You are here for the purpose of labor; and yet to properly perform labor, there is required a time for refreshment and rest, and it is our purpose to be with you during this time of refreshment, when it will be our endeavor to have you join us in devouring some of the former occupants of our briny deep, to have you test the elegant flavor of our oysters, drive down our shell road and feel the invigorating influence of the gentle zephyrs from the gulf—in various ways experience the hospitality of our men and also behold the beauty of our women. I say it will be our endeavor, failing in which it is sincerely hoped that the failure will be attributed to no lack of motive on our part, but to means completely beyond our control.

Yes, you are here in the cause of labor. There is a law on our statute book, enacted doubtless through your wise influence, for the regulation of the practice of medicine in the state, and yet there are in this city those engaged in the practice of medicine in open violation of the contemplated provisions of this law; evidently there is some defect and it rests with you to remedy this defect.

There is a law in our statute book to provide for the supervision of the public health and for the collection of vital statistics in the various counties of the state, enacted through your wise counsels, and yet in

this county, so far, this law is a failure. It is for you, with the assistance of the Mobile Medical Society, to remedy this failure.

There is a law for the regulation of quarantine, and it remains for your influence to have this law so amended as to abolish all useless and abominable—as well as disgraceful—shot-gun quarantines.

By virtue of my membership in the Mobile County Medical Society, I am also a member of your honorable body, humble though it be, but not for one moment would I have it inferred from the preceding remarks that I proposed to map out a line of work for you in the future; not at all, but simply to dwell upon the fact that you have work before you, and to demonstrate how ill-becoming on my part it would be to consume further of your valuable time. Therefore, in conclusion, gentlemen, allow me again, in the name of your fair daughter, Mobilia, to bid you welcome! welcome! thrice welcome! to her home, and to wish you God-speed in the performance of your laborious duties.

THE ANNUAL MESSAGE OF THE PRESIDENT,

MILTON COLUMBUS BALDRIDGE, M. D., HUNTSVILLE,

Grand Senior Counsellor of the Medical Association of the State of Alabama.

Gentlemen of the Medical Association of the State of Alabama:

Again we are permitted by an Allwise-Providence to assemble in this our twenty-first annual session, in order to review the work of the past year, consult together, and formulate plans for future operations. Representing as we do, every portion of our great and growing state from the rocked ribbed mountains on the north, replete with verdure and mineral wealth, to the gulf city on the south, the gateway of commerce to the state, and our emporium of medical learning. The cordial clasp of fraternal hands and the cheerful smile of mutual greeting is marred by the sad reflection that all are not here. Death, the common heritage of our race, has been at work in our midst, claiming for its victims several of our honored and cherished members, one of whom was the orator-elect for this occasion, Brice Martin Hughes, of Birmingham, a young man of culture and acknowledged ability, whose career of usefulness was commensurate with his short and brilliant professional life. James Young, of Decatur, who fell heroically contesting the advance of the pestilence in that city, a martyr to his trust and an ornament to the profession. Lucky Walker Jenkins, health officer of Wilcox county, and Mortimer Harvey Jordan, of Birmingham, one of the oldest official members of this Association, having been elected Counsellor in 1873, President in 1884, and was a member of the Board of Censors at the time of his death. He was exemplary in deportment, a physician of renown, full of honors, and a prestige worthy of

emulation. These all died in the faithful discharge of professional duty. Their names are transferred to the Roll of the Dead. We fondly cherish their memory while they rest from their labors.

A careful survey of Association work for the past year will reveal the fact, that in some departments, success has attended effort with gratifying results, while in others but little progress has been made.

Early in the year an earnest appeal was made to the officers of the county societies throughout the state, through our vice-presidents, touching the perfection of their organization and the details of their work as formulated in our Book of the Rules. Enough has been elicited to encourage us, while at the same time we are constrained to confess that in some portions of the state at least, our expectations have fallen short. In some of the counties the work, when done at all, was exceedingly imperfect and unsatisfactory for various reasons, which will be assigned in the reports of the vice-presidents.

The present magnitude of our state organization, the co-ordinant relation which the several departments sustain one to the other, and the present enlistment of several county societies into our ranks hitherto undrilled in the importance and details of the work, may be fitly compared to an army of veterans and recruits legally commissioned for defensive warfare and aggressive movement, engaged in the grand work of combatting with disease and death, while at the same time their causes are being thoroughly studied in relation to nature and prevention.

At no period in the history of the healing art has advancement all along the line of medicine been so great, nor does any medical organization in all of its details equal this of ours in the state of Alabama. And why should we not to-day indulge in a spirit of *esprit de corps*, take fresh courage in this good hour and go forth "conquering and to conquer."

During the year our organic law was threatened from different parts of the state, by the introduction of sundry bills into the general assembly of the state, whose features were as objectionable as their tendency was dangerous.

The first bill provided that graduates of the Mobile Medical College be admitted to practice in the state without examination, for reasons clearly set forth in the petition.

While that noble institution honored at home and respected abroad is justly entitled to our patronage and praise, and while its graduates acquit themselves before our boards of examiners as creditably as graduates hailing from other medical institutions, yet it is obvious that any special legislation looking to class exemption or local preferment, would be in open conflict with the spirit of our constitution, and would serve as an entering wedge to the disruption of all our laws to regulate the practice of medicine.

We could not afford by implication to lower the standard, and minify the capacity of an institution which is an honor to the state and the pride of this Association. A more formidable bill, and one which was far reaching in its objects, was in effect to repeal the law which provides for the examination of all medical graduates by our boards of examiners; and was presented in the shape of an amendment to section 1298 of the Code to regulate the practice of medicine in the state. The passage of this bill would have utterly destroyed the foundation of our progressive system, and relegated us to a forlorn position in the dead past.

The workings of this law for the last six years has not only given satisfaction to the laity at large, but has elevated the professional status of our medical men to a much higher plane; has created a laudable ambition among us for improvement in medical research and appliances, and has proclaimed to the world that our successors must be equal, if not superior, to ourselves.

After a conference with the Senior Censor, it was deemed expedient to express our opposition to the bills through the public press, and by personal appeal to the members of the general assembly through physicians in the several counties. The effort proved to be entirely successful, for such bills as found their way to the committee-room were killed, and the others, for fear of a similar fate, were withheld. This being

the second attempt which has been made in the general assembly of the state to circumvent or annul our fundamental laws, and each time having met with overwhelming opposition and consequent defeat, we may confidently rest assured that at least the law to regulate the practice of medicine in the state of Alabama is a statutory fixture. And it is no less gratifying to know that our initiative position in this vastly important matter has met with general approbation throughout the entire country, and several of the states have enacted similar laws. The law is not only growing in popularity where it has been in operation, but the courts have passed upon its constitutionality in the main, an instance of which recently occurred in a decision of the supreme court of the United States in the case of Dent against the state of West Virginia, affirming the decision of the supreme court of the state, requiring practitioners of medicine to secure certificates from the state boards of medical examiners, certifying to the standing and reputation of the medical colleges granting the diplomas.

The early outbreak of yellow fever last spring in Florida, when announced by our state health officer, necessarily gave rise to much uneasiness on the part of all concerned. No time was lost in adopting every precaution to prevent its advance and prevalence in this state; but in spite of the vigilance of the health officer and an early enforcement of the laws to regulate the practice of quarantine, in the month of September it made its appearance in the city of Decatur.

The disastrous effects of the epidemic have a national notoriety, while a detailed account of its introduction, progress, prevalence and duration, as furnished by the state health officer, will suggest to this body matters of vital importance now at the close of what many medical men claim to be an exceedingly favorable winter for the hybernation and early outbreak of yellow fever in that and probably other points in the state.

The most important matter for your consideration in this connection is that of prevention, which necessarily opens up the vexed question of

QUARANTINE.

A painful experience in the northern part of the state last fall, growing out of the irrational, inhumane and expensive system of local and state quarantine instituted and conducted, as it was for the most part by municipal authorities, was not in keeping with the spirit of the law to regulate the practice of quarantine, as formulated by our state board of health. Neither did it give confidence or security to the public. But it ignored our constituted head and authority, the state health officer, by only according the right to advise, when that advice comported with their individual views or local interests. The system as it related to railroads, transportation and travel, was, in effect, a grand farce. Subjecting the roads to enormous expense and delay, while travelers from healthy localities absolutely uninfected, were often ejected from trains and mercilessly detained at miserable quarantine stations to do penance for municipal caprice, or, as was the case in some instances, left by the wayside to suffer and die, all for the want of a uniform system of quarantine, properly established and conducted by a committee of medical experts from the state with plenary powers, and backed by a sufficient amount of money to carry into operation all necessary quarantine measures. It is impracticable for a quarantine officer to manage the details of a state quarantine, since he must be present to direct in an infected place, rather than visit and supervise other places uninfected; hence the necessity for more than one to successfully manage this important and responsible trust. Our county boards of health, invaluable as they may be for local purposes in case of an invasion of small-pox, or an outbreak of diptheria or scarlet fever, are quite powerless for good during the prevalence of yellow fever or cholera, for the reason that their functions end with their advice, and that is often disregarded. Three conditions are indispensably necessary to a successful quarantine: medical authority, state support, and a uniform system of enforcement; for medical experts are more familiar with the conditions, time and details than laymen. They are not likely to be influenced by nervous or frightened indi-

viduals, to a precipitate action on the one hand, or delay the discharge of duty because of commercial greed on the other. This authority should be sufficiently backed financially by the state with such appropriations, economically used, as might be necessary to meet actual expense consequent upon treatment, nursing, feeding, fumigating and disinfecting, thereby preventing unauthorized solicitations for aid from other states, the useless expenditure of money in many instances, and preserve the dignity of the state as well.

Again, it should be uniformly conducted in order to command confidence and respect. A quarantine advised and partially controlled by a county board of health in one part of the state, while in the other part it is restricted to railroad surveillance, and often an incompetent inspection of travelers' passports, and in another locality shot-gun protection is presumed to be the only means of safety to the community. Thus it is "confusion worse confounded," and the epidemic drags its weary length along until material for subsistence is exhausted, or a change in temperature stops its ravages. Since yellow fever has hitherto been regarded as an exotic, subject to importation to our shores by means of vessels from foreign ports of infection, it is well for the general government to exercise exclusive control in all matters pertaining to international quarantine, the inspection of ports of entry, the detention of vessels, and the prevention, if possible, of fresh importations to our shores. Should, however, the pestilence evade maritime regulations and find a lodgment in the interior so as to assume formidable proportions, then federal co-operation will become necessary and be invoked.

In extending the study of prevention, we are necessarily brought to the investigation of the subject of

PUBLIC SANITATION.

This theme, though somewhat trite among us, like the gospel of Divine truth to which it is closely allied, for "cleanliness is akin to godliness," commands our respect, and demands our careful study. If Moses, the first sanitary officer

more than three thousand years ago, was required by Divine authority to enforce sanitary laws to promote the health and happiness of a people whose posterity were to inhabit the globe, is it any the less important now, in this cosmopolitan age, with its teeming millions eager for wealth, health and happiness, to observe and practice such methods as will be conducive to that end; nay, more, is it not our duty as a state board of health, composed as it is of local boards in every county in the state, to amplify and popularize the laws we now have in force, thereby enabling us to secure the enactment of others to meet the demands of our rapidly developing state, with its thrifty towns and populous cities?

If hygienic improvement and sanitary work becomes equal to the demand among us, it must be accomplished by the united effort of health boards. In this connection, we would quote the language of Dr. J. S. Billings, than whom there is no higher authority on this subject, when he said: "We are entirely convinced that the future of public hygiene in this country depends mainly upon the proper organization of state and local boards of health, and upon such recognition of their importance and utility by the people and their legislators, that the necessary means and powers shall be granted to them to enable them to properly perform their duties."

The building up of large towns and cities by a populace impatient for immediate gain, and unmindful of ulterior results; the increasing facilities for rapid transit, and the unrestricted inter-communication of all classes from all countries, are fruitful factors in the causation of endemic diseases and infectious epidemics. It is well known that in the days of slavery phthisis was infrequent among the negroes. Now the death rate from that cause alone among the adults exceeds all others, except, perhaps, pneumonia. And this death rate is much greater in the towns and cities than on plantations. A solution of the cause is doubtless due to their defective hygienic surroundings, crowded habitations, badly ventilated, and generally situated in localities subject to soil polution and defective drainage. The colored people are not the only sufferers, but

the poorer classes of white people, who are forced from economical reasons, to occupy tenement houses in similar localities. The state statistics for the last eight years clearly establish the truth of these statements, and furnish to all sanitarians abundant food for thought. What is probably true in regard to the causation of the marvelous increase of phthisis among the negroes and working classes in tenement houses is equally true in regard to the spread of epidemic diseases. Such localities furnish the pabulum necessary to the life and growth of infectious poisons, be they what they may.

It is maintained on high authority that yellow fever is not a filth disease, and while that assumption is regarded as being true, it will not be denied that the peculiar poison of this disease has a striking affinity for a peculiar something which is the product of defective sanitation. Keep these unknown realities apart, and the problem of prevention is solved. In proof of this position we cite the fact, that yellow fever has been carried to and developed in some cities and towns within the fever line during every epidemic for twenty years, and no second case occurred, though hundreds doubtless were exposed; but in all such towns and cities the hygienic surroundings were good.

Since sanitation offers so much in the prevention of yellow fever, an occasional visitor, it is infinitely of more importance when considered in relation to the prevention of other diseases which claim their annual victims by thousands. And in its application to the prevention of these do we find the widest possible range of usefulness and most cogent necessity for its practice. The science of hygiene to-day is too broad and comprehensive to find expression in this message. But we must be content with noticing only a few important points which come within the purview of this state board of health, and refer all seekers of information on this very important subject to the standard treatises on public hygiene. The duties of the state health officer are onerous, requiring hard work, much time, and less pay. Much has been accomplished by that officer during the last few years, and the success which has crowned

his efforts, together with the ever-increasing demands for sanitary attention consequent upon the building of large towns in our state, widens the range of operation and creates a demand for coöperation on the part of local boards of health. They should fully acquaint themselves with the growing necessities in each county, and be prepared to advise and instruct in all matters pertaining to drainage, water supply, buildings, public and private, in the larger towns, prisons, poor-houses, market houses, school houses, in regard to light, heat and ventilation; last, but not least, a persistent effort should be made to enlist the attention and aid of county commissioners in the matter of reclaiming paludal lands, that their fertility and market value might be increased, and their malaria diminished by a thorough system of drainage.

It is obvious that difficulties will often be in the way of local boards of health when efforts are being made in this direction, by reason of conflicting opinions among the local authorities touching the methods and manner of sanitary work. The health board may suggest a certain system of sewerage for a town, but the authorities and property owners prefer a system wholly different, because of its less apparent expense and sufficient for present purposes. Or, the board may recommend the importance of abolishing privy sinks, and possibly secure the enactment of a municipal ordinance to that effect. The law, however, is not enforced because property owners are unwilling to be deprived of what they regard as a private right and great convenience. The civil officer is at once enjoined and the sanitary reform is at an end. Again, a portion of marshy land fit for nothing but the production of malaria in its present condition could be made valuable by drainage, yet there is no legal officer to say just where and how the work should be done.

In order to meet these difficulties it would be well, and I would suggest the enactment of a law creating a sanitary engineer, whose duty it would be to make all necessary observations and surveys for public drainage and sewerage, thereby securing concert of action on the part of health boards and

local authorities, while with a comparatively small outlay of money in the beginning, incalculable benefit will be derived in the end. Then success will attend sanitary reform in its primary and most important sense, where hitherto in many localities it has proved a failure in part or altogether. The state has its commissioner of agriculture, immigration agent and state geologist, all of whom are very necessary to the growth and material prosperity of the state. But certainly no one of these, important as they are, can accomplish for the ultimate prosperity of the people so much as a sanitary engineer empowered by state authority and required to coöperate with the health boards. These suggestions, though commonplace in appearance, we think are of vital importance to our material growth and prosperity.

A liberal and intelligent system of public sanitation, faithfully executed throughout the state, constitutes the basis for the future development of our numerical force, financial strength, and individual healthfulness. More sanitation and less quarantine will give greater immunity from disease at a minimum expense. The former is absolute and remunerative, the latter is temporary and expensive.

If we, as a state board of health, reach the acme of expectations in the great work of preventive medicine, we may not rely exclusively on annual messages, sanitary papers, and occasional circulars from health officers, but adopt other measures which will educate the majority of our medical men throughout the state in all matters pertaining to this reform. And in all probability the most direct and efficient means to secure this end would be the publication, under the auspices of this association, of a monthly or semi-monthly journal devoted to medicine, surgery, sanitation and vital statistics. There are about sixteen hundred physicians in the state, and of that number about seventy-five constitutes the average attendance on our annual assemblies. To this number may be added about twenty or thirty irregular visitors and correspondents. While but few of the fifteen hundred seldom, if ever, attend, though they are annually counted on our roster. Among this

large number are to be found many of the best practitioners in the state, who, for reasons best known to themselves, have not directly allied themselves with the association, nor are they fully acquainted with its work and aim.

Our Transactions compare favorably with the best in the land, and we are not want to find fault with them. But they do not contain such matter as is best adapted to the wants of the busy practitioner; and, furthermore, the Transactions are only brought within reach of the members of the association, many of whom never read them, except for reference in regard to association work. An old political aphorism is, if you would have a great reformatory measure succeed, "keep it before the people." And if we are to be successful in the great work in which we are engaged, we must keep our objects and aims before the medical men of the state in such a way as will attract their attention, inspire their efforts, and secure their coôperation. If such a monthly could be published, many valuable volunteer papers which do not find room in our Transactions, the reports of cases, the workings of county societies, the prevalence of diseases in different portions of the state, reports of county censors and health officers, sanitary improvements, together with suggestions from the state health officer. All this would find in it a place. Thus it would become a monthly oracle of this association, widening its range of usefulness, strengthening its forces in every direction without detracting in the least from the legitimate matter in our annual Transactions. We can not afford to be derelict in this regard when sister states less favored are publishing one or more such journals whose support, in a large degree, is due to the patronage of Alabama physicians, and whose literature is a continual rebuke to the intelligence, character and ability of our own doctors. If it is deemed inexpedient for the association to publish such a journal now, then an arrangement might be perfected with a private enterprise, such as is being established at Anniston by Dr. LeGrand.

One of the most important elements in all sanitary reforms, is that of vital and mortuary statistics, because these constitute

the basis for perfect calculations and intelligent operation. But their successful collection is a problem which must be solved in the future, and that solution will doubtless be found in educating the medical men of the state, together with the masses of the people, to their importance and great necessity. In no better way can this be done than by publishing a monthly medium, which will reflect the condition, wants and capabilities of every county in the state. While the medical men will become more and more familiar with the necessities of the hour, and by force of personal appeal, under the stimulus of of professional pride, will adjust themselves to the situation, fall into line and press forward, shoulder to shoulder, in a cause they have so willingly espoused, and to the accomplishment of an end, so indispensably necessary to immediate results and permanent success in years to come.

In adjusting ourselves as above indicated to the increasing demands for intelligent advice and professional skill, we must not be unmindful of the fact that the great store-house of medical knowledge is yet full to repletion in every department, and from it we are required to draw daily supplies in order to be thoroughly furnished for every good work in the line of advancement in this progressive age. Having thus briefly and imperfectly reviewed the work of the association for the past year, and having suggested to you for your consideration such additional help as in our opinion would meet present demands and future support, we can only add that your zeal for good in the various departments of association work, which has hitherto been so abundant, should not be suffered to wax cold, nor should internal dissensions nor personal feuds be tolerated among us, for these only tend to weaken our forces, lessen our individual friendship, and destroy our power for usefulness as well.

If we remain true to ourselves we have nothing to fear. Our object is a common object. Our interest in this great work are one and the same. Each and every one of us should discharge our whole duty in the several positions to which we may be called, remembering that the different departments

require a diversity of talent and capability. Some must formulate, others must execute, and all should blend together in one harmonious whole, cherishing at all times a spirit of emulation, mingled with professional pride and a laudable ambition.

Let us strive to strip ourselves of all sordid selfishness or pedantic bigotry; and in brotherly love seal our devotion to the cause, and arm afresh for the duties and conflicts for the years that are to come.

Our illustrious predecessors were wise in their day, when they with truth and philosophy for a basis, laid a foundation for the erection of the great professional structure of which we are to-day the representatives. On us their mantles have fallen, and through us must be transmitted to our successors the principles and practices which have been evolved from that foundation by patience and labor. It is true our present surroundings and the necessities of to-day differ in many respects from those of our predecessors. Wonderful progress in new fields of thought has been made, new theories have been adopted to which the old have given place, while the brilliant light of recent scientific observations has cleared away the misty clouds of the past, illuminates the present, and sheds its effulgence along the pathway of the future. Mutation is written upon all things mortal, and many of our cherished plans of operation must be abrogated by those who are to succeed us, and to their keeping we must confide our trust, and with an eye of faith behold in the distance the completion and grandure of that professional structure for which we now labor, and in which our hopes are concentrated.

To the younger members of the profession who are to succeed us, we would offer a word of advice and encouragement. You are fairly within the vestibule of the great store-house of medical knowledge, founded in philosophy by the wisdom, experience and unremitting toil of a long line of illustrious worthies. The rich mines in which you are to delve have been opened up, the rubbish of passed ages has been removed, and it is expected that you will examine all, and select only

the fittest with which to beautify and adorn the structure committed to your care. Let not the intellect be dwarfed by fanciful theories, nor your progress impeded by sinister motives, but on this alter immolate your time, your talents, and, if necessary, your life. By so doing you will become benefactors to the race, ornaments to the profession, and with the chisel of time, carve your names on the tablets of eternity. Then make haste slowly,

> "For those who would be great
> Must learn to labor and to wait."

Gentlemen, in looking over this body I am forcibly reminded that our mission of mercy and labor of love is rapidly winding to a close. The members of the old guard are nearly extinct; the last fifteen years has robbed our association of many familiar faces, and but few are left to honor this occasion with their presence and counsel. Many of their names are enrolled in the Book of the Dead. Our records show their abundant labors. We honored them while living, cherish their memory though dead, and indulge the hope that they enjoy the full fruition consequent upon a life so well spent. Some of us are now on the sunset side of life's meridian, the coming years will be fleet and few, and as life's labor is drawing to a close, may each of us enjoy the pleasing reflection consequent upon a life spent in usefulness, and at last when we must succumb to our common foe, may the great physician of our souls grant us an abundant entrance into the haven of endless rest.

> "What is the existence of man's life
> But open war or slumber'd strife;
> Where sickness to his sense presents
> The combats of the elements,
> And never feel at perfect peace
> Till death's cold hand signs his release."

BIOGRAPHICAL SKETCH OF DR. M. H. JORDAN,

BY W. H. JOHNSTON, M. D., OF BIRMINGHAM,

Grand Senior Counsellor of the Medical Association of the State of Alabama.

MORTIMER HARVEY JORDAN was born in Jefferson county, Ala., June 10th, 1844, and died February 6th, 1889, of fibroid pthisis, at Birmingham, Ala. I do not propose to give a history of his life, but there are some things I do wish to say that I knew about him.

About fifteen years since a slender, tall, and rather delicate looking man came into my office at Selma, Alabama, and was introduced to me; that man was Mortimer Harvey Jordan; that was the beginning of our acquaintance, which ripened into the warmest friendship. I met him year after year at the meetings of the State Medical Association, and the more I knew of him the stronger and stronger grew my attachment to him. During the last few years of his life I was intimately associated with him. I loved Jordan, and for that reason there is some comfort and consolation to me now to ease the heart by mentioning the magnificent qualities of heart and mind which the good Lord so abundantly bestowed upon him. His professional career was a continuous success throughout his short life. That success was due to his enthusiastic love of his profession. Jordan loved medicine like an ardent sportsman does his dog and gun, or the chase. He threw his whole soul into it and made it a part of his very existence, and then, in addition to his love for his profession, he had a big brain, sound judgment, diagnostic skill, therapeutical ability. It was a source of great delight to him to unravel the mysteries of a case which had puzzled others, and then meet successfully the therapeutical indications. He was the best "all around" doc-

tor I ever met, not excepting any I knew in New York city. He had a memory that kept ready for use all that he had culled from books and magazines and what he had gathered from his own experience, and in any emergency it came to his relief like magic. It would often times seem as if he had just been devoting hours of study for that very case. Under the most trying circumstances his judgment was good, his brain cool, and that too in defiance of his having physical weakness to contend with. If Jordan had been as strong physically as he was mentally, I do not think there was anything he could not have attained in his profession. I never knew a man who was more fertile in therapeutical resources; when one thing failed he was ready with another. He was a capital surgeon. He was one of the most skillful of obstetricians, and a first-class gynecologist. Jordan could have made a specialty of any of these branches, and obtained eminent success anywhere. As a lecturer in the Medical College of Mobile, with no previous preparation, he was one of the most popular in the school. He could have filled a medical chair in any medical college, and would have had more students to attend his lectures than the majority of the professors. He was eminently practical, and stored his mind with practical facts.

I might go on to a much more lengthy extent in writing of his medical ability, but from what I have already said, my opinion of his medical acquirements is evident to all.

In speaking of him, aside from his profession as a man among men, I come to his qualities of heart, his purity, his sense of right. His love to his fellow man was akin to the Divinity that shaped his end. His generous heart and sympathetic nature drew all to him. Men and women alike loved him and had no word but a good one to say when his name was mentioned. With three years experience in and amongst those he practiced for, I have never heard one word condemning him. Anything that was crooked, mean or low was left out when Jordan was made. His adaptability to his surroundings was something extraordinary. His knowledge of men was almost intuitive, and he was almost invariably correct.

His social, genial nature won all hearts in palaces or cabins. He was a welcome and entertaining guest anywhere. He made friends wherever he went. If Jordan was not a genius, there are none made. He would have been an eminent success in any profession he might have chosen, because he had brain to back him, and then his love of mankind drew all to him. There may be more such men, but I, for one, never expect to see his like again. His faults all leaned to virtue's side. It is a great pleasure to feel that you had the confidence, respect and good will of such a man. My greatest consolation in being bereft of such a friend is a few words spoken to me a few days before his death, and they were these: "Johnston, you have been a solid comfort to me."

REPORT OF JOHN PAUL JONES, M. D., OF CAMDEN,

Senior Vice-President and Junior Counsellor of the Medical Association of the State of Alabama.

I submit the following report as Senior Vice-President of the Medical Association of the State of Alabama:

In compliance with the duties imposed on me as vice-president by the rules of this association, I have, so far as possible, by correspondence, encouraged the attendance of members on the meetings of county societies, and I have urged each county society in my division to be represented in this association, and I have promoted, as far as I was able to do so, the enforcement of the health laws of the state.

The medical society in Lowndes county is in good condition and has ten members. There is no opposition to the society, although some of the profession are not on the roll of the society. The society has monthly meetings and everything is working smoothly. Dr. Shirley Bragg is the health officer, and deserves the commendation of the association for his energy and accuracy in collecting vital and mortuary statistics.

There are twenty-five members enrolled in the Dallas county medical society. Monthly meetings were appointed, but during the busy season of the year, there was not always a quorum. While there was danger of yellow fever being brought to the county, the society met frequently, and gave diligent attention to quarantine and sanitary regulations. There have been interesting cases reported and discussed at their meetings. The county members though rarely attend. Dr. J. A. McKinnon is the county health officer, and he has been very diligent, systematic and successful in collecting vital and mortuary statistics.

Butler county medical society has twenty-one members, but there is very little interest taken in the society meetings. The cause is probably due to the fact that the grand juries of that county have not indicted illegal practitioners, and those who fail to report births and deaths, although they have been furnished by members of the society with sufficient evidence to indict and convict the violators of the law. The county health officer, Dr. Job Thigpen, has done all in his power to collect statistics, and enforce the law.

Bullock county medical society has a membership of twenty-one. The society meets on the first Tuesday in each month. The meetings are usually made interesting by the discussion of medical subjects, and the presentation of cases illustrating rare or occult diseases. The society, since our annual meeting, sustained a loss in the death of Dr. Wm. Bolling, of Fitzpatrick. All the doctors in the county are members except three, one of whom, as reported last year, is very old and almost out of the practice, and another is engrossed in farming, and gives but little attention to his profession. The best feeling pervades the society. Dr. R. H. Hayes is a model health officer.

The Macon county medical society, as reported to me by letter, "has been a failure from the beginning," so far as the collection of vital and mortuary statistics is concerned. The principal cause assigned is that the physicians in Macon county think that the State ought to pay for the collection of statistics, and they are apathetic and indifferent. There have been only two meetings of the society the past year, and very little interest manifested in them.

Covington county medical society perfected an organization before the last meeting of this association, and at that time applied for and obtained a charter. I have nothing encouraging to report from this county.

There are ten members in the Autauga county medical society. The society has quarterly meetings, poorly attended. Although the vital and mortuary statistics in this county are not satisfactorily collected, it is not the fault of the health

officer, Dr. C. P. Smith, who has been very diligent in endeavoring to encourage the enforcement of their collection, but he has not had the assistance and coöperation of practicing physicians and assistant health officers in the county.

Conecuh county medical society has a small membership. It numbers only seven. The members have quarterly meetings and discuss medical subjects of interest and report unusual cases that they may have encountered in their practice. Dr. A. A. McKittrick is one of the most efficient health officers in my division, and he has succeeded in collecting almost complete statistics in his county.

The Baldwin county medical soeiety has only three members, and has held two meetings during the year. This society labors under great disadvantages, and deserves credit for keeping up its organization. The work of collecting vital and mortuary statistics has improved, due no doubt to the fact that Dr. E. L. Marechal induced the board of county commissioners to make an appropriation for the payment of the health officer's salary, who has great difficulty in collecting the statistics on account of the limited number of doctors, the extensive and sparsely settled territory, and defective mail facilities.

I regret to report that in Greene county my information is that "there is a medical society only in name, and no health officer."

There is a membership of twenty-seven in the Mobile county medical society. The society meets every Saturday night, and there is an average attendance of twelve members. The society receives a weekly report of health from the health officer, and a monthly report is sent to each member. Considering the fact that the commissioners court has never made an appropriation to pay the health officer of the county, the vital statistics are better collected than could be expected. "The society is doing fair work, and promises better results in the future."

There are eleven enrolled members in the Dale county medical society. The society meets three times a year, with an average attendance of five members. The society has not

attained the efficiency and usefulness that it promised last year. The doctors in the county manifest but little interest in the success of the society. The health officer receives very meagre reports from which to make up his statistics, and his work is unsatisfactory. There is great room for improvement in the Dale county medical society.

Henry county medical society has a membership of twelve. The society meets four times a year. The county is very large, and there are a number of illegal practitioners in it, and also a number of midwives in the rural districts who are unfavorable to the society, and they will not report to the health officer. Although he has endeavored to have indictments preferred against the offenders the grand juries have failed to find bills. The health officer has labored faithfully to make his work a success, but the opposition and lack of assistance of others has prevented his doing so.

The Monroe county medical society has eleven members, but there is not much life or vigor in the body. One great reason for this condition is the difficulty of having frequent meetings. It is sixty miles between the residences of the physicians in the northern and southern portion of the county, and the members being separated thus widely from each other have only semi annual meetings. There are seven physicians in the county who are not members of the society. There have been two applicants to study medicine, but no one has applied for examination to practice the past year. There have been no changes in the membership of the society. Dr. W. W. McMillan is the efficient health officer of this county.

The Russell county medical society has eight members. The society meets quarterly. Some of the members manifest a great deal of interest in their meetings. The county health officer has been unsuccessful in collecting vital statistics. In many of the beats he has failed to secure efficient assistant health officers. One applicant has been examined to practice medicine, and a certificate was granted him. The board of censors have been inactive and failed to perform many of the duties required of them.

The Clarke county medical society has a membership of sixteen and is in better condition, and the members are more in earnest than at any time since its organization. The society has quarterly meetings, and papers are prepared on medical subjects of interest, and discussed. Each member of the society makes a monthly report of vital statistics to the health officer.

The Montgomery county medical society has twenty-six members, and meets every Saturday night, except in the months of July, August and September, and if necessary called meetings are held during these months to transact any business that may arise in vacation. Thirty-three regular meetings were held by the society in 1888. The society has a discussson on some subject on the first and third meeting of every month, and the other meetings are devoted to the relation of cases that occur in the daily practice of the members. The meetings are interesting and instructive. Dr. P. H. Owen is the county health officer, but I am not informed as to his success in collecting vital statistics.

The county medical society of Crenshaw has eight members, and meets quarterly. The condition of the society is bad, and if there is not more interest taken in it by the members they will forfeit their charter. The health officer finds great difficulty in collecting vital statistics.

There are nineteen members in the Sumter county medical society, and the society meets quarterly. All of the members, with a few exceptions, are active workers. There are six physicians in the county who are not members of the society. The collection of vital statistics is not as complete as it should be, and, as the health officer, Dr. W. H. Sledge, is endeavoring to make it. He has not the co-operation of the assistant health officers, two of whom have been indicted for failure to comply with the law governing the collection of vital statistics.

The Macon medical society has ten members, and in the language of my correspondent in this county, "the society is in a very bad way and apparently growing worse by degrees and beautifully less in every respect. It had one or two meet-

ings all last year, and none so far this year. Monthly meetings were called but no quorum attended." The health officer has not collected vital statistics.

There are twelve members of the medical society of Elmore county. Little is done by the society except keeping up their dues. The members attempt to have a meeting every third month, but the attendance is so small that little or nothing is done. The health officer, Dr. O. S. Justice, has made fuller reports of vital statistics than has been done heretofore.

The Washington county medical society has only four members. The society keeps up its organization, and meets twice a year. No county in the state has greater difficulties to encounter in maintaining a medical society. The county extends over a large area of very sparsely settled country, with bad roads, where there are any, and in many parts of the county there are no roads. The people generally are not in sympathy with the purposes of the society, and the obsteteric practice is done mostly by ignorant midwives, who will make no report to the county health officer, and he is therefore unable to collect accurately vital statistics.

The Coffee county medical society has had no meeting the past year. The members seem to take no interest in the society. There has been no health officer in the county since last fall. Previous to that time two of the members who had been elected to the office removed from the county, and since then none of the members have been willing to undertake the duties of the office.

The medical society of Barbour county meets quarterly. The average attendance is nine, and there has been more interest manifested during the past year than previous to that time. For two years before last December there had been no county health officer, but the county now has an efficient health officer. The society has grown by the addition of several new members the past year, and the outlook is healthy.

The Dale county medical society is lukewarm, and those who were expected to be active workers have taken little interest in its advancement. The health officer has made almost a failure in the collection of vital and mortuary statistics.

Perry county medical society meets in April and October. The members are not enthusiastic in society work or interest. The average attendance at the meetings is fine. The health officer has fairly good success in his efforts to collect vital statistics.

The Marengo county medical society meets regularly twice a year. The majority of the members manifest a decided interest, and they have occasional called meetings. Out of a membership of thirteen, ten or twelve attend all the meetings. The county health officer is thoroughgoing and efficient in his labors.

The Geneva county medical society meets bi-ennially; average attendance four; very little interest is manifested. Since the removal of Dr. Hilliard from the county the health officer has had but poor success in collecting vital statistics.

The Pike county medical society has held the past year four regular meetings, and three called meetings. Recently the society proposed to meet monthly. The members are benefited by interchange of thought and experience at their meetings, and a better feeling exists in the society than there has been for years. Dr. P. H. Brown makes an efficient health officer.

The medical society of Escambia county is living, but has but little vitality. The society has met once in the past year, with an attendance of four members. The county health officer, however, has had moderate success in collecting statistics.

The Lee county medical society has not met this year. The health officer has done almost nothing in the discharge of his duties. Recently some effort has been made to revive the society, but with what success I am unable to report.

The Wilcox county medical society has had two meetings during the past year. Very few of the members take any interest in the society. The society has lost one of its best members in the death of Dr. L. W. Jenkins. The present health officer, Dr. R. Kilpatrick, is doing his best to collect the statistics.

I regret to state that I can make no report of the medical

society of Choctaw. I have written repeatedly to members of this society, but I have received no reply.

With this exception, the members of the profession in my division have furnished me the information which has enabled me to make this report, and I take this occasion to return my thanks to those who have replied to letters of inquiry that I have addressed them since the last meeting of this association.

REPORT OF BENJAMIN FRANKLIN CROSS, M. D., OF DECATUR,

Junior Vice-President and Senior Counsellor of the Medical Association of the State of Alabama.

As Junior Vice-President of the Medical Association of the State of Alabama, I beg leave to state that owing to the condition in which I was placed, being cut off from all communication for three months on account of the epidemic of yellow fever in Decatur, I have had but short time to work; but, as soon as possible, I placed myself in correspondence with the presidents, secretaries, and other members of the county societies of the department assigned to me, composed of the following counties: Bibb, Blount, Colbert, Cleburne, Clay, Coosa, Cherokee, Calhoun, Chambers, Cullman, DeKalb, Etowah, Fayette, Franklin, Jackson, Jefferson, Lauderdale, Lamar, Lawrence, Limestone, Madison, Morgan, Marion, Marshall, Pickens, Randolph, St. Clair, Tallapoosa, Tuscaloosa, Shelby, Walker and Winston.

From a goodly number of these counties I have received encouraging reports, but I regret to say that many of them have not honored me with a reply.

Coosa county society has a membership of twelve (12), with a prospect of an early increase. During the past year there have been four meetings, with a good average attendance. From information received, I think there has been considerable improvement over the past year. The society has never prospered or come up to the standard, but as greater effort is now being made, with more interest than heretofore, the outlook for improvement is fair. The health officer's salary having been raised from $25 to $100, he is encouraged to labor more zealously in the collection of vital and mortuary statistics.

The Colbert county society has, heretofore, done little, if anything, to advance its interests. No increase of membership, with a general state of apathy. But for the past year there seems to be more interest, and considerable work has been done in trying to get the society in good working order, the fruits of which have shown themselves in the last twelve months. The society has met regularly and the attendance increases at each meeting. At their last meeting thirteen members were present, with more interest manifested than ever before. The greatest drawback is the inefficiency of the health officer, who has not been doing his duty, but recently is improving, and it is to be hoped that, in the way of collecting vital and mortuary statistics, he will do better in future. His salary is $100. The membership now is thirteen, with a prospect of three more at the next meeting. It is the intention of the board of censors to hold monthly meetings. Very little attention is paid to public sanitation.

Lawrence county society, according to my information, is, I regret to state, doing but little good. The society does not seem to be taking that interest that should inspire them. At present there is only a nominal president who has no time to look after it. The health officer seems to take some interest and would do fairly well if more interest was taken by the society as a whole.

The Jackson county society has improved in its condition in the past year. It met quarterly last year with but little attendance, but this year they meet monthly, with more interest and a far better attendance. Vital and mortuary statistics have been poorly collected because of inefficiency and inactivity on the part of the health officer. The present health officer is doing good work and the collection of statistics is greatly improved, and we may safely say that Jackson county has brighter prospects. Membership 16; public sanitation receiving due attention.

The Limestone county society is doing little more than keeping up its organization. The society never meets except under pressure of business on the part of the censors for examination.

At present the office of president is vacant, but I learn from the health officer that the annual report has been made, and that the monthly reports were not prompt, which was due to a lack of co-operation on the part of some of the best officers.

My information from Marshall county society is that it has been in a languishing condition for the past year. Each meeting is characterized by the utmost indifference on the part of members; none are fully attended, and at the last they failed to have a quorum. The health officer deserves some credit for his repeated and untiring efforts in trying to keep up the organization. He collects vital and mortuary statistics fairly well, considering the meagre amount of encouragement received. The commissioners being insufficiently informed as to his duties refuse to allow him a salary; they do not regard his labors worth remuneration, nevertheless he continues his work as health officer and president, and is doing the best that he can.

Pickens county medical society was granted a charter at Eufaula in 1878. This society, so far as I can learn, is doing nothing. With a membership of fourteen they can seldom get a quorum. There was a meeting in March for the purpose of reorganizing, with but four members present; however, it is to be hoped that since the election of their new president the society will throw off its sluggishness and attain to a more healthy state. The health officer has endeavored to perform his duty faithfully, though he has had considerable trouble in getting beat reports. I have no information as to the amount of his salary.

The working condition of the Blount county society, as reported to me, is quite ordinary. The meetings have been irregular, with but small attendance. The health officer renders efficient service; public sanitation has received but little thought. The society meets four times a year with a membership of fifteen, and is barely holding its own; a few men do the work. There is some selfishness and much carelessness among the members.

DeKalb county medical society has a small membership of

seven, but seems to be in good working order. They meet regularly every quarter, with a fair attendance, interesting meetings, and a prospect of addition to their number in the near future. The health officer makes his monthly and annual reports promptly; his salary is $100.

Randolph county society is not doing the work that it should. They have not held a meeting this year, although there is a membership of eighteen. All interest seems to have left them and everything comes to a stand-still. With so many members it is reasonable to suppose that a spark of enthusiasm could be aroused, and it is to be hoped that they will awaken to a sense of their duty. I can say nothing as to the efficiency of the health officer, but learn that he makes his monthly reports without remuneration.

Winston county medical society was chartered one year ago. Since then quarterly meetings have been held with a good attendance. The outlook for this society is encouraging, and it is to be hoped that it will enjoy a bright future. The membership is six. The health officer is using his utmost endeavors to make the society a success; he has only been reporting since November, and, as yet, has not been allowed anything for his services.

Lamar county society is making haste slowly towards any advancement. It held only one poorly attended meeting during the past year. The health officer, so far as I can learn, is doing fairly well, considering his salary, which is only twenty-five dollars.

Marion county society was organized a year ago. Considering the length of time it has been in existence it is in a good working condition. Meetings held regularly every quarter and are spicy and interesting. Membership twelve or fifteen. The health officer is efficient in the discharge of his duty, with a small salary. No information as to the sanitary condition of the county.

St. Clair county society has been recently improved. The membership has increased, the working condition excels that of last year, and everything is indicative of a more auspicious

future. With a membership of twelve the society meets twice a year and much interest is manifested. The health officer has been efficient. His salary was raised from $10 to $20, with a promise of more; hope he will get it.

The working condition of Morgan county has been much improved and is very nearly if not up to the standard. It numbers 27 members, and applications for membership are on file which will give the society several valuable accessions. Meetings are held regularly every month, and are well attended; at which time essays are read and important cases reported and discussed. At no time in the history of the organization has it been so prosperous and full of encouragement; the entire membership is active and zealous, and manifests much interest in all things pertaining to the advancement and dignity of the profession in the county. The health officer has tried to do his duty. Public sanitation has received much attention, particularly in the city of Decatur. The Waring system of drainage, admitted by experts to be the most perfect and efficient, has been adopted and will soon be in operation. Many of the streets have been graded and macadamized, old buildings have been renovated, back alleys thoroughly cleansed, and all bedding and bed-clothing used by the sick during the prevalence of yellow fever last summer burned. In this connection I will be excused for a personal reference to four members of the Morgan county society, honored and faithful brethren, and my immediate co-laborers, who fell at their post of duty during the recent epidemic. No worthier or truer men than William C. Gill, William B. Black, William J. Young, and R. V. Williams have been stricken from the rostra of membership of a medical society or removed from the walks of life. After weary weeks of unceasing labors and deep solicitude for the welfare of others, each in his turn was cut down by the relentless disease. Honored and esteemed by all who enjoyed their acquaintance, side by side they sleep in "the city of the dead." But their virtues and good deeds will live in the memories of those for whom they lived and labored and died long after the granite shafts at their graves shall have crumbled into nothingness.

Jefferson county society is the largest in the state, and is in a good working condition. Their meetings are held bi-monthly, at which time an essayist is appointed and great interest is manifested. The society is very prosperous, perhaps, some improvement over last year. The present membership is about 63, with prospects of an increase, though some were recently dropped from the roll. The health officer is doing good and efficient work and comes up to the standard with his reports. I am not informed as to the amount of his salary, but think he is fairly well remunerated. The matter of sanitation has received proper and strict attention.

The Madison county society, I am glad to report, is in a more healthful condition than ever before. The membership is twenty-four, and more interest is taken in the workings of the society. They have made every effort in their power to induce all the physicians in the county to interest themselves but, as in every county, there are some who are willing to shirk duty by offering any excuse that will give them exemption from responsibility. However, all the physicians in Huntsville are members and attend the meetings well. They meet regularly each month, at which time essays are read and cases related and discussed. The health officer is not as yet experienced in the duties of his office, having had charge of it only nine months of the past year, yet he has done his duty well. He has gotten his beat officers interested in the matter of collecting statistics, and he bids fair to have the county well organized and his subsequent reports up to the standard. He makes reports regularly as required by law, and is an efficient and active officer. More attention than ever before has been given to public sanitation. They are endeavoring to discharge fully their duty as a county board of health. The commissioners recognize this fact and seem to attach more importance to their work than generally. The proper relation between the society as a board of health and of the board of commissioners has been established, and the latter board has cheerfully furnished the health officer with all the necessary books and registers required by him and his beat officers. The

salary of the health officer for the present year is fixed at $200 by the board of commissioners, and the probate judge has required him to give the necessary bond for the faithful performance of his duties. Their board of censors is very efficient and discharge their duty earnestly and well, especially in reference to public sanitation and the enforcement of the law to regulate the practice of medicine. This is a law that our state association should define more clearly to the several county commissioners. The board of censors meets concurrently with the society and makes full reports of all its doings.

The Tallapoosa society seems to be in a flourishing condition. Much more interest is manifested than during last year, and they have decided to hold their meetings every two months instead of quarterly as heretofore. Membership about the same as last year. The health officer does good work, is faithful in the collection of statistics, and receives $100. Little attention is paid to public sanitation.

The following counties did not honor me with a correspondence, viz: Calhoun, Clay, Chambers, Cherokee, Cleburne, Cullman, Bibb, Etowah, Fayette, Franklin, Lauderdale, Tuscaloosa, Shelby, and Walker.

I have no direct information from either of the above named counties, but from what I can gather I think that they are about on a par with their condition of last year. As already stated, I have not been able to collect all the necessary data for a full and satisfactory report, but enough has been brought out to show the necessity of continued energy on the part of all concerned, and the importance of educating the people up to a higher standard in all matters pertaining to state medicine. The county societies should select their best and most efficient men for health officers; those who are in strict sympathy with the workings of the state association, for such men will spare no time, means, or money to aid the furtherance of our cause, to magnify our association till it has reached that degree of excellence attained by no other state.

THE REVISION OF THE MINUTES OF THE SESSION OF 1888.

Under the head of the revision of the minutes the Senior Censor stated that while there were a goodly number of minor errors in the minutes of the previous session, there were none of sufficient consequence to require formal correction.

THE ELEVENTH ANNUAL REPORT OF THE SECRETARY.

Mr. President:

The State Board of Censors, at the Montgomery session last year, recommended the adoption of an amendment to the ordinance in relation to the publishing committee, and defining more specifically its duties. A part of said ordinance makes it my duty, as secretary of the association, to deposit promptly in the library of the state board of health, all exchanges, books and papers received through this office. In obedience thereto, I beg to present the following report.

Respectfully,

T. A. MEANS, M. D.,

Secretary.

EXCHANGES RECEIVED BY THE STATE BOARD OF HEALTH DURING THE YEAR 1888.

California; Tenth Bi-ennial Report of the State Board of Health, '86-88, 2 copies.
Georgia; Atlanta Medical and Surgical Journal, '88-89.
Indiana; Sixth Annual Report of the State Board of Health, '87.
Iowa; Fourth Bi-ennial Report of the State Board of Health, '87.
Kentucky; Proceedings of the State Board of Health, '88.
Louisiana; Bi-ennial Report of the Board of Health, '86-7.
New Hampshire; Report of the State Board of Health, '88; Transactions of the State Medical Society, '88.
New York; Eighth Annual Report of the State Board of Health, '88.
Maine; Third Annual Report of the State Board of Health, '87.
Maryland; Transactions of the Medical and Chirurgical Society, '88.
Massachusetts; Nineteenth Annual Report of the State Board of Health, '87.
Michigan; Transactions of the State Medical Association, '88.
Missouri; Transactions of the State Medical Association, '88.
Ohio; First Annual Report of the State Board of Health, '88.

Pennsylvania; Transactions of the Medical Society, '87; Second Annual Report of the State Board of Health and Vital Statistics of the Commonwealth, '86.

Texas; Daniels Medical Journal, '88-9.

Virginia; Virginia Medical Monthly, '88.

Wisconsin; Annual Report of the State Board of Health, '87; Transactions of the State Medical Society, '88.

The loose and informal way in which members of county societies have heretofore received their appointments as delegates, creates, yearly, confusion in the records. This can be remedied with very little trouble. To prevent the possibility of mistakes, I repeat my instructions of last year:

First.—Every appointee should apply to the secretary of his local society for a certificate of appointment before leaving home.

Second.—Immediately after arriving at the place of meeting he should see the treasurer, present to him his credentials, pay his dues as delegate, together with those of his society, if any, taking receipts for the same, then show these to the supervisor of the register, who will instruct him how to enter his name, with the county he represents, place of residence, date of signature and official position.

Of the fifty county societies to which copies of the Transactions were sent, receipts for forty-one copies only were returned to me. Neglect of so simple a matter forces upon the secretary of the association the necessity of an extensive correspondence in search of missing books, or copies not receipted for. To prevent this in future, postals will follow each package, notifying secretaries of local societies, that shipment has been made, and requesting receipts for them as soon as they are received.

The Rolls and Records.—The book of the rolls remains yet incomplete, and is due to no neglect of mine. Annual notices and personal appeals have been made to counsellors, but they either fail to appreciate the importance of such entries, or they are unmindful of their obligations as counsellors. We hope better things in the future.

The Book of Portraits has had but one addition the past year, making fifty-five out of the seventy-one entitled to its

benefits. Of the grand senior counsellors, but one remains unfilled.

There have died of the House of Counselors since the opening of the Book of the Dead, Drs. Edward Armistead Semple of Montgomery, 1877; Edward M. Vassar of Cahaba, 1879; William Horatio Thornton, of Eufaula, 1881; Paul De Lacy Baker of Eufaula, 1883; Edmond Henry Fournier, Edmund Pendleton Gaines, and Francis Armstrong Ross of Mobile, 1884; William Thomas McAllister of Marion, Clifford Daniel Parke of Selma, 1886; William Henry Anderson of Mobile, Hobart Cobbs Dugger of Van Dorn, George Ernest Kumpê of Leighton, 1887; Benjamin Hogan Riggs of Selma, 1888; Mortimer Harvey Jordan of Birmingham, and George Calvin Norris of Wadsworth, 1889. In few instances, no biographies could be obtained of deceased counsellors; otherwise, this book is complete.

The plan inaugurated some years or more since, of sending out to secretaries of county societies blank forms to aid them in making up their returns, still remains a partial success. I am pleased to note, however, decided improvement in every detail of these reports. The expense is trifling; the reward priceless to me.

The charters granted the counties of Covington, Geneva, Marion and Winston, upon the recommendation of the Board of Censors and approved by the Association at the Montgomery session, complete the census of counties in the State. To each of these charters were executed in due form and sent to their respective secretaries early after the close of the session.

Transcript copies of so much of the president's address as relates to the deaths of Drs. William Henry Anderson of Mobile; Hobart Cobbs Dugger of Van Dorn; George Ernest Kumpê of Leighton, and Benjamin Hogan Riggs of Selma, were sent to the families of the deceased, as ordered by the Association at the Montgomery session.

On the 9th day of March of the present year, I made requisition of the Southern Passenger Association of Atlanta, for

one hundred and eighty-four (184) blank forms for securing cheap rates, and distributed one hundred and seventy (170), upon application, to counsellors, delegates and others, leaving a balance on hand for future use.

CORRESPONDENCE.

MASSACHUSETTS MEDICAL SOCIETY.

At a meeting of the counselors held October 3, 1888, the following resolves were unanimously adopted:

That in the opinion of the counselors of the Massachusetts Medical Society the present epidemic of yellow fever, in several States of this Union, has again made evident the imperative need of some organization on the part of the general government for the protection of the public health—an organization that shall be independent of existing bureaus, and solely devoted to this most necessary function of any form of government.

That this resolution be sent to the president of the United States, to members of Congress, and to the boards of health of the several states.

Attest:

FRANCIS W. GOSS,
Recording Secretary.

Roxbury, Mass., October 3, 1888.

I have had printed for the use of the Association:

100 Certificates, form 2	$ 3 00
500 Envelopes	2 00
500 Labels	2 00
500 Return blanks	2 00
200 Postal cards	2 00
200 Shipping heads	11 00
1500 Three-page circulars, 1889	9 00
1000 Letter heads, secretary	4 50
Total	$35 50

March 1st, of this year, I distributed 1500 copies of the following circular:

THE MEDICAL ASSOCIATION OF THE STATE OF ALABAMA.

Nos Etiam Speravimus Meliora.

OFFICE OF THE SECRETARY,
MONTGOMERY, ALABAMA, March 1, 1889.

The Annual Session of the Medical Association of the State of Alabama, for the current year, will be held in the city of Mobile, commencing on the Second Tuesday in April (9th), at 12 o'clock, noon, and will continue four days.

DUTIES OF COUNTY SOCIETIES.

Every County Medical Society is required by the constitution of the Association, to send to every Annual Session, two (2) delegates to represent its interest and wishes, together with the annual fee of one dollar for every one of its members, not a Counsellor or a Delegate. Members paying this fee will receive each one copy of the Transactions in return.

Every County Medical Society is also required, by the Constitution and Ordinances of the Association, to send up an annual report in relation to current status and work; said report to contain the following items of information:

First—The revised Register of the County Societies, and the practitioners of the county, who are not members of the Society.

Second.—A full account of the work of the Society, number of meetings held, average attendance, papers read, etc.

Third.—An account of the work done by the Board of Censors—as censors—as a Board of Medical Examiners and as a Committee of Public Health.

Heretofore many—indeed a large majority of these reports—have been made out in a very perfunctory and unsatisfactory way. *It is therefore hoped that more care will be taken hereafter to have them full and accurate*, especially as to the recording of *full names* with date and college of graduation, and date and county from which certificates were received. Upon the death of a member, the date and college of graduations; date of death and the disease of which he died, should be accurately given in a foot note in each report, together with a brief sketch of his life and labors. All reports in any way defective will be returned for correction and amendment.

In the revision of the four rolls, which is the special order of business for the last day of the session, county medical societies that have been greatly derelict in the discharge of their duties, under the Constitution of the Association and laws of the state, will be liable to censure and deprivation of charter; and all counsellors who have failed to pay their annual dues, or who have failed to attend three successive meetings of the As-

sociation, will be dropped from the college of counsellors. All counsellors of five (5) years standing, who have not already done so, are earnestly requested to furnish cabinet size photographs of themselves for insertion in the Book of Portraits.

VITAL STATISTICS.

The administration of the law for the collection of vital statistics and the supervision of the public health, in the several counties of the state, has imposed upon the Association important and difficult duties; and in order that these duties may be properly discussed and understood, it is desirable that the approaching session of the Association should be numerously attended. It is, therefore hoped—(1). That every counsellor will consider it a duty and privilege to be at his post. (2) That every county society will come up to the full measure of its constitutional obligations by sending its full complement of delegates. To secure this, it is suggested that each society should provide for the payment of a part, or the whole of the expenses of a delegate.

Regular reports will be submitted on the following subjects, viz:

(1.) W. E. B. Davis, M. D., Birmingham—Electricity in Gynecology.
(2) Richard M. Fletcher, M. D., Madison—Eclampsia Gravidarum.
(3) Vivian P. Gaines, M. D., Mobile—Curability and Treatment of Pulmonary Phthisis.
(4) Thomas J. Johnson, M. D., Decatur—Fever: Its Etiology and its Relation to Increased Temperature.
(5) Thomas J. Lee, M. D., Childersburg—Diagnosis and Treatment of Uterine Displacements.
(6) William M. Price, M. D., Florence—Cerebro-Spinal Meningitis.
(7) E. Powell Riggs, M. D., Birmingham—Dysmenorrhœa: Its Causes and Treatment.
(8) E. Camp Wheeler, M. D., Cherokee—Dentition.

THE OMNIBUS DISCUSSION.

The attention of members is called to the fact that the plan of the Omnibus Discussion has been changed, sa that the discussion will be based on the volunteer papers that may be presented. These papers will be read in the order in which they are presented to the secretary, and each one will be submitted for discussion as soon as it is read.

REPORTS IN RELATION TO DISEASES

Prevalent in the several counties of the state are specially solicited, and it is hoped that every member will avail himself of the discussion following them.

It is of the greatest importance that every society should be represented in every meeting of the association, and it is earnestly hoped

that none of the societies will fail to make such arrangements as will render their representation certain.

It is proposed that on the evening of the second day of the session, there shall be a discussion of the *ways* and *means* best calculated to secure the successful administration of the laws to regulate the practice of medicine, and the laws of the state. To this end, the fullest possible attendance of members of the county boards, and county health officers, and assistant health officers, is earnestly requested.

NOTE—*First.* Each delegate or member desiring the excursion rate must purchase a first-class ticket—either limited or unlimited—from point of departure, for which he will pay the regular fare; and upon request, the ticket agent will issue a printed certificate of purchase.

Second. If through tickets can not be procured at the starting point, parties will purchase to the point where such through tickets can be obtained and re-purchased through to place of meeting.

Third. Tickets for the return journey will be sold by the ticket agents at the place of meeting, at one-third the highest limited fare, only to those holding certificates signed by the ticket agent at point where through ticket to place of meeting was purchased and countersigned by the Secretary of the association, certifying that the holder has been in attendance at the meeting.

T. A. MEANS, M. D.,
Secretary.

THE ANNUAL REPORT OF THE PUBLISHING COMMITTEE.

Mr. President:

The publishing committee beg to present the following special and circumstantial report of its labors under section 12 of the ordinance defining more in detail its duties:

There were published of the transactions for 1888 one thousand copies at a cost of—

Printing	$879 37	
Binding	200 00	
Postage, packing and shipping	22 00	—$1,101 37
There were printed for distribution at the Montgomery session 2000 order of business, at a cost of		17 00
Total expenses of publishing committee		$1,118 37

Of the one thousand copies of the Transactions there were distributed—

To county societies	530
counsellors	188
delegates	100
correspondents	9
exchanges—associations	8
societies	16
state boards of health	5
medical journals	6
federal government	7
state government	5
Alabama State Board of Health	125
other sources	1
Total	1000

CLASSIFIED LIST OF EXCHANGES.

American Medical Association, California State Medical Association, Colorado State Board of Health, Connecticut State Medical Society, Delaware Medical Society, Florida Medical Society, Georgia State Medical Association, Illinois State Board of Health, Indiana State Board of Health, Iowa State Board of Health, Louisiana State Board of Health,

Maine Medical Society, Massachusetts Medical Society, Michigan State Board of Health, Minnesota State Medical Society, Mississippi State Medical Association, Missouri State Medical Association, New Hampshire State Medical Society, New Jersey State Medical Society, New York State Medical Society, Ohio State Medical Society, Oregon State Medical Society, Pennsylvania Medical Society, Rhode Island Medical Society, South Carolina State Medical Association, Tennessee State Medical Society, Texas State Medical Society, Virginia State Medical Association, Wisconsin State Medical Society.

MEDICAL JOURNALS.

Atlanta Medical and Surgical Journal, Cleveland Medical Gazette, New Orleans Medical Journal, Practice; Texas Medical Journal, Medical Record.

The publishing committee do not think it adds to the merits of the Transactions to have printed in them a long list of unimportant matter, and medical journals of little value. They, therefore, respectfully suggest that only the names of state societies and other organizations exchanging with us be hereafter printed in the Transactions.

Respectfully submitted,

T. A. MEANS, M. D.,
R. F. MICHEL, M. D.
B. J. BALDWIN,
Publishing Committee.

THE ANNUAL REPORT OF THE TREASURER.

WALTER CLARK JACKSON, M. D., *Treasurer,*

In account with the Medical Association of the State of Alabama, from April 10th, 1887, to April 9th, 1888.

TO DUES FROM COUNSELORS.

Abernethy, William Henry, Bell's Landing	$ 10 00
Baldridge, Milton Columbus, Huntsville	10 00
Baldwin, Benjamin James, Montgomery	10 00
Barclay, James Paxton, Eutaw	10 00
Bragg, Shirley, Lowndesboro	10 00
Brockway, Dudley Samuel, Livingston	10 00
Brown, Pugh H., Troy	10 00
Bryce, Peter, Tuscaloosa	10 00
Cason, Davis Elmore, Ashville	10 00
Cross, Benjamin Franklin, Decatur	10 00
Cochran, Jerome, Mobile	10 00
Darby, John Isaac, Columbia	10 00
Dement, John Jefferson, Huntsville	10 00
DuBose, Wilds Scott, Columbiana	10 00
Emory, Aurelius Grigsby, Opelika	10 00
Fletcher, Richard Mathew, Madison Station	10 00
Franklin, Charles Higgs, Union Springs	10 00
Furniss, John Perkins, Selma	10 00
Gaines, Vivian Pendleton, Mobile	10 00
Gaston, John Brown, Montgomery	10 00
Godfrey, James Myers, Sumterville	10 00
Goggans, James Adrian, Alexander City	10 00
Goodwin, Albert, Eufaula	10 00
Goodwin, Joseph Anderson, Jasper	10 00
Hays, Robert Hughes, Union Springs	10 00
Heacock, John William, Alpine	10 00
Herbert, Curtis Burke, Greenville	10 00
Hill, Samuel Henry, Carrollton	10 00
Hogan, Samuel Mardis, Union Springs	10 00
Hendrick, Gustavus, Brundidge	10 00
Hoffman, John Richardson, Athens	10 00

Hopping, Daniel Stiles, Letohatchie	$ 10 00
Huger, Richard Proctor, Anniston	10 00
Huggins, Jacob, Newbern	10 00
Inge, William Tutwiler, Mobile	10 00
Jackson, Robert Dandridge, Summerfield	10 00
Jackson, Walter Clarke, Montgomery	10 00
Jay, Andrew, Evergreen	10 00
Jones, Capers Capehart, Lake View	10 00
Jones, John Paul, Camden	10 00
Johnston, William Henry, Birmingham	10 00
Jordan, Mortimer Harvey, Birmingham	10 00
Kendrick, Joel Beder, Birmingham	10 00
Kendrick, Joel Cloud, Greenville	10 00
Kendrick, William Tomlin, Montgomery	10 00
Ketchum, George Augustus, Mobile	10 00
Luckie, James Buchner, Birmingham	10 00
Lowery, Samuel Henry, Huntsville	10 00
Means, Thomas Alexander, Montgomery	10 00
Michel, Richard Fraser, Montgomery	10 00
Mitchell, William Augustus, Eufaula	10 00
Moody, Joseph, Franconia	10 00
Mushat, John Patrick, Hayneville	10 00
McKinnon, John Alexander, Selma	10 00
McKittrick, Adam Alexander, Evergreen	10 00
McWhorter, Abbott Milton, Gaylesville	10 00
Nicholson, Edward Pierson, Valley Head	10 00
Norris, George Calvin, Wadsworth	10 00
Nolen, Abner Jackson, New Site	10 00
Northern, Thomas, Heflin	10 00
Pearce, John Washington, Oxford	10 00
Peterson, Francis Marion, Greensboro	10 00
Phillips, William Crawford, Selma	10 00
Prince, Francis Marion, Bessemer	10 00
Pritchett, John Albert, Hayneville	10 00
Redden, Robert James, Sulligent	10 00
Reese, Augustus Jordan, Mobile	10 00
Robertson, Thaddeus Lindlay, Birmingham	10 00
Rorex, James Polk, Scottsboro	10 00
Rushing, Francis Marion, Elba	10 00
Sanders, William Henry, Mobile	10 00
Searcy, James Thomas, Tuscaloosa	10 00
Sears, John William, Birmingham	10 00
Seelye, Samuel Dibble, Montgomery	10 00
Shivers, Offa Lunsford, Marion	10 00
Sholl, Edward Henry, Birmingham	10 00
Sledge, William Henry, Livingston	10 00

Smith, Daniel Edgarly, Mobile	$	10 00
Starr, Lucius Earnest, Camden		10 00
Stovall, Andrew McAdams, Jasper		10 00
Thetford, William Fletcher, Talladega		10 00
Thigpen, Job, Greenville		10 00
Thomas, James Grey, Mobile		10 00
Tipton, Frank, Selma		10 00
Trent, Powhatan Green, Rock Mills		10 00
Wall, Conrad, Forest Home		10 00
Ward, Henry Bascom, Cuba		10 00
Weatherly, Job Sobieski, Montgomery		10 00
Webb, Robert Dickens, Birmingham		10 00
Whaley, Lewis, Birmingham		10 00
Whelan, Charles, Birmingham		10 00
Wilkerson, Wooten Moore, Montgomery		10 00
Wilkinson, James Anthony, Flomaton		10 00
Wright, Milton Roial, Gadsden		10 00
Amount brought forward	$	940 00

FROM COUNSELORS ELECT.

Binford, Peter, Sommerville	$	10 00
Harlan, John Jefferson, Hackneyville		10 00
Hill, Luther Leonidas, Montgomery		10 00
Jones, John C. H., Stone		10 00
Wheeler, William Camp, Cherokee		5 00
Total amount of dues from Counsellors	$	985 00

TO AMOUNT OF DUES FROM DELEGATES.

Allman, James E., Butler	$	5 00
Arbery, William B., Macon		5 00
Baker, James L., Russell		5 00
Bevans, Joseph, Etowah		5 00
Blair, Hugh W., Colbert		5 00
Burke, James P., Madison		5 00
Chapman, Gross S., Cherokee		5 00
Cilley, Phillip N., Lowndes		5 00
Coleman, Ruffin, Jefferson		5 00
Corcoran, George M., Perry		5 00
Davidson, Alvin Steele, Blount		5 00
Davis, John D. S., Jefferson		5 00
Deweese, Thomas P., Winston		5 00
Disharoon, Henry B., Randolph		5 00

Foster, George W., Jackson	$ 5 00
Gautier, John Hora, Macon	5 00
Gay, William M., Chambers	5 00
Goode, Rhette, Mobile	5 00
Hammond, George A., Henry	5 00
Hand, Samuel P., Sumter	5 00
Henderson, Samuel C., Escambia	5 00
Hendricks, Thomas S., Blount	5 00
Henson, John M., Sumter	5 00
Hill, George A., Talladega	5 00
Hunter, John J., Elmore	5 00
Ivey, Barna P., Marion	5 00
Jolly, Arnold, Marion	5 00
Jones, Ememett L., Lauderdal	5 00
Jordan, James R., Montgomery	5 00
Justice, Oscar S., Elmore	5 00
Lawrence, George D. W., Cherokee	5 00
Lee, Thomas J., Talladega	5 00
LeGrand, J. C	5 00
Mathews, E. C., Chilton	5 00
May, Samuel W., Crenshaw	5 00
McConnell, Robert F., St. Clair	5 00
McCoy, Charles B., Lee	5 00
Miller, Virgil M., Walker	5 00
Morton, William L., Lamar	5 00
Morton, Thomas B., Fayette	5 00
Owen, Pascal H., Montgomery	5 00
Pharr, Edward M., Tallapoosa	5 00
Sessions, Lewis, Bullock	5 00
Smisson, Henry J., Dale	5 00
Thompson, Elias B., Perry	5 00
Walker, William A., Bullock	5 00
Weaver, Thomas F., DeKalb	5 00
Wedgeworth, William M., Hale	5 00
Wheeler, William C., Colbert	5 00
Whiteside, John M. Calhoun	5 00
Williams, John H., Shelby	5 00
Woods, Thomas B., Fayette	5 00
Young, William J., Morgan	5 00
Total receipts from Delegates	$ 265 00

DUES FROM COUNTY MEDICAL SOCIETIES.

Autauga	County	Medical	Society	.....	$ 6 00
Baldwin	"	"	"	.....	3 00
Barbour	"	"	"	.....	8 00
Blount	"	"	"	.....	8 00
Bullock	"	"	"	.....	16 00
Butler	"	"	"	.....	2 00
Chambers	"	"	"	.....	7 00
Cherokee	"	"	"	.....	12 00
Clarke	"	"	"	.....	15 00
Coffee	"	"	"	.....	4 00
Colbert	"	"	"	.....	5 00
Conecuh	"	"	"	.....	5 00
Crenshaw	"	"	"	.....	4 00
Coosa	"	"	"	.....	6 00
Chilton	"	"	"	.....	9 00
Clay	"	"	"	.....	12 00
Calhoun	"	"	"	.....	21 00
DeKalb	"	"	"	.....	4 00
Dale	"	"	"	.....	12 00
Dallas	"	"	"	.....	17 00
Elmore	"	"	"	.....	12 00
Escambia	"	"	"	.....	6 00
Etowah	"	"	"	.....	12 00
Fayette	"	"	"	.....	9 00
Franklin	"	"	"	.....	8 00
Geneva	"	"	"	.....	4 00
Greene	"	"	"	.....	8 00
Hale	"	"	"	.....	10 00
Henry	"	"	"	.....	10 00
Jackson	"	"	"	.....	9 00
Jefferson	"	"	"	.....	12 00
Lamar	"	"	"	.....	9 00
Lawrence	"	"	"	.....	8 00
Lee	"	"	"	.....	6 00
Limestone	"	"	"	.....	5 00
Lowndes	"	"	"	.....	6 00
Macon	"	"	"	.....	7 00
Madison	"	"	"	.....	17 00
Marengo	"	"	"	.....	13 00
Marion	"	"	"	.....	17 00
Marshall	"	"	"	.....	13 00
Mobile	"	"	"	.....	8 00
Monroe	"	"	"	.....	10 00
Montgomery	"	"	"	.....	17 00

Morgan	County	Medical	Society	.....	$ 18 00
Perry	"	"	"	.....	13 00
Pickens	"	"	"	.....	7 00
Pike	"	"	"	.....	7 00
Randolph	"	"	"	.....	3 00
Russell	"	"	"	.....	5 00
Shelby	"	"	"	.....	8 00
St. Clair	"	"	"	.....	6 00
Sumter	"	"	"	.....	18 00
Talladega	"	"	"	.....	10 00
Tallapoosa	"	"	"	.....	8 00
Tuscaloosa	"	"	"	.....	13 00
Walker	"	"	"	.....	9 00
Washington	"	"	"	.....	4 00
Wilcox	"	"	"	.....	3 00
Winston	"	"	"	.....	2 00
Total amount from county medical societies				.....	$ 546 00

STATEMENT.

To amount dues from counsellors	.....	$ 985 00
" " medical societies	.....	546 00
" " delegates	.....	265 00
To balance last session	.....	697 98
Total	.....	$ 2,493 98

CREDITS.

To account of	W. D. Brown & Co	.....	$1,169 77
" "	Joel White	.....	8 90
" "	"	.....	3 00
" "	Com. of Ar. M. B. Campbell, porterage	.....	14 00
" "	Com. of Ar. C. W. Holland, running elevator	.....	5 00
" "	Com. of Ar. J. R. Wing, chairs	.....	5 00
" "	Com. of Ar. R. F. Dickerson, theatre	.....	25 00
" "	Com. of Ar. B. J. Baldwin, postage	.....	15 00
" "	T. A. Means, salary	.....	100 00
" "	" sundries	.....	18 00
" "	" postage	.....	16 80
" "	W. C. Jackson, salary	.....	100 00
" "	postage and stationery	.....	8 00
Total credits		.....	$1,488 47
Balance on hand		.....	$1,005 51.

Dr. W. C. Cross failed to pay his dues.

The medical societies of Bibb, Choctaw, Cleburne, Covington, Cullman and Lauderdale counties have failed to send up their membership dues.

Respectfully submitted,

WALTER CLARK JACKSON, M. D.,

Treasurer.

BUSINESS REPORTS OF COUNTY SOCIETIES.

Autauga County.—Report and dues. No representation. Condition improving. Membership, 9.

Baldwin County.—Report and dues. Represented by two delegates and health officer. Condition improved. Membership, 3.

Barbour County.—Report and dues. No representation. Status and work reasonably satisfactory. Membership, 13—two in excess of last year.

Bibb County.—Report and dues. No representation. The creditable showing made by this society one year ago, seems not to have been sustained in that of '89. Membership 6.

Blount County.—Report and dues. No representation. This society seems to be in want of a leader. With an active working force of 16, much better things are expected.

Bullock County.—Report and dues. Represented by one delegate, one counsellor and health officer. Status and work satisfactory. Membership, 18.

Butler County.—Report and dues. Represented by one delegate, one counsellor. Condition of this society is reasonably satisfactory, and its energy is increasing. Membership, 19.

Calhoun County.—Report and dues. Represented by two delegates. Condition flattering. Membership; 26.

Chambers County.—Report and dues. No representation. Status fair, its work unsatisfactory. Membership, —.

Cherokee County.—No report. No representation. Condition unsatisfactory. Membership, —.

Chilton County.—Report and dues. No representation. The fair working order of last year about the same. Membership, 9.

Choctaw County.—No report. Dues paid. Represented by one delegate, health officer, and one member visiting. This society has exhibited improvement, and gives promise of future usefulness. Membership, —.

Clarke County.—Report and dues. Represented by one delegate, one counsellor, and two members visiting. Status reasonably fair, and its secretary efficient. Membership, 17.

Clay County.—Report and dues. No representation. This society has increased in membership by two additions, and loses two by removal, and one by resignation. Membership, 17.

Cleburne County.—No report; dues unpaid. No representation. Status and work not ascertained. Membership 8, as last year.

Coffee County.—Report and dues. No representation. This society has good intentions, but is weak in energy. Membership, 4.

Colbert County.—Report and dues. No representation. Condition fairly reasonable. Membership, 14—two in excess of last year's report.

Conecuh County.—Report and dues. Represented by one delegate, two counsellors and health officer. This society, although numerically weak, is a model of energy and faithfulness. Membership, 7.

Coosa County.—Report and dues. This society, although having no representation at this session, presents a creditable showing, and stands fair on the records. Membership 12; a gain of three upon last year.

Covington county.—No report; dues unpaid. Represented by one delegate. This society received its charter at the Montgomery session and recorded a membership of three. Returns the same as last year.

Crenshaw County.—Report and dues. Represented by two delegates. Status reasonably good. Membership, 8.

Cullman County.—Report and dues. Represented by one delegate. This society is not as active as it should be, yet, it promises better returns in the future. Membership, 7.

Dale County.—Report and dues. No representaion. This society is young, and should make a creditable showing with its membership of 11.

Dallas County.—Report and dues. Represented by two delegates and two counsellors. Status and work always gratifying. Membership 24; gain of two.

DeKalb County.—Report and dues. Represented by one delegate; condition reasonably good. Membership, 10; gain of four.

Elmore County.—Report and dues. Represented by one delegate. The secretary reports this society in fair working order, and retains a membership of 13.

Escambia County.—Report and dues. Represented by two delegates, one counsellor, and health officer. This society is active and zealous of good works, has had four accessions since last report, and now records a membership of 11.

Etowah County.—Report and dues. Represented by two delegates. The efficient secretary reports this society in good condition. Membership 13; loss of one.

Fayette County.—Report and dues. Represented by one delegate. Status and work unsatisfactory. Membership, 15; gain of one.

Franklin County.—Report and dues. No representation. This society has not rendered full returns since 1887. Present membership, 13.

Greene County.—Report and dues. No representation. This society is slowly recovering from its embarrassment since the surrender of its charter at the Greeneville session, 1885; has a following of 15.

Hale County.—Report and dues. Represented by one delegate and one counsellor. Status and work equal to that of last year. Membership, 14; gain of two.

Henry County.—Report and dues. No representation. This society has an efficient secretary, and its returns should be equal to the mechanical finish of his work. Membership, 12.

Jackson County.—Report and dues. Represented by one delegate, and health officer. Status represented to be reasonably fair. Membership, 16; gain of four.

Jefferson County.—Report and dues. Represented by two delegates, four counsellors, health officer, and eleven members visiting. This society continues to maintain its reputation as the banner county of the State. Membership, 50. This record is out of proportion to the entire number of physicians in the county, seventy-six being outside. With some exertion on the part of the membership this number can be greatly reduced.

Lamar County.—Report and dues. Represented by one delegate. Condition same as last year. Membership, 8; gain of two.

Lauderdale County.—Report and dues. Represented by one delegate. This society is one of the youngest on the list of county societies. It reports an active membership of 15.

Lawrence county.—Report and dues unpaid. No representation; status and work unsatisfactory. Membership, 19.

Lee County.—No report and dues paid. No representation. This society is not as progressive as it should be, with an active membership of —.

Limestone County.—Report and dues. No representation. This society reports a membership of only six, out of twenty physicians in the county. In former reports a much better showing was made.

Lowndes county.—Report; dues unpaid. Represented by one delegate and health officer. Membership of this society has decreased numerically, yet it has sustained its reputation for energy and effectiveness. Roll of members, 7—loss, four.

Macon county.—Report and dues. Represented by one delegate. Status and work fair and promising. Membership, 10—gain of one.

Madison county—Report and dues. Represented by one delegate and two counsellors. The secretary reports the society in fine condition—better, perhaps, than formerly. Membership, 24—gain, two.

Marengo county.—Report and dues. Represented by two delegates. This society remains about the same in efficiency, yet records a membership only of 13—a loss of nine.

Marion county.—This society sent in no report, has not paid its dues, nor was it represented. Referred to the board of censors for investigation. Last year's membership, nine.

Marshall county.—Report and dues. No representation. This society has lost one member by removal from the county, and one by death. Present status unsatisfactory. Membership, 10.

Mobile county.—Report and dues. Represented by two delegates, eight counsellors, health officer and ten visiting. This society stands abreast with a number of others of the confederation, and like them, is active and in close affiliation with the association. Membership, 27.

Monroe county.—Report and dues. Represented by one delegate. Condition and work reported to be reasonably satisfactory. Membership, 11.

Montgomery county.—Report and dues. Represented by two delegates, six counsellors and one member visiting. The secretary reports a full and active membership of 29.

Morgan county.—Report and dues. Represented by one delegate, two counsellors, health officer and one visitor. Recent accessions to the county have swelled the membership to 24. Much is hoped for by this increase.

Perry county.—Report and dues. Represented by one delegate. This society is in good working order, and records a membership of 15—loss of one.

Pickens county.—Report and dues. Represented by one counsellor. Status and work reasonably fair. Membership, 15—gain of one.

Pike county.—Report and dues. No representation. This society is not as active as the association hoped for. Now that it has an increase of two to its rolls, more is expected of it. Membership, 16.

Randolph county.—Report and dues. No representation. Status reasonably satisfactory. Membership, 18.

Russell county.—Report and dues. Represented by one delegate. This society, although only two years old, has an active force it were well for older societies to imitate. Membership, 7.

Shelby county.—No report. Dues unpaid. Represented by one counsellor. Condition and work unsatisfactory. Membership unknown.

St. Clair county.—Report and dues. Represented by one delegate. This society is reported to be in good working order and more prosperous than since its organization at Eufaula in 1878. Membership, 13—gain of five.

Sumter county.—Report and dues. Represented by two delegates, two counsellors, health officer and one visitor. This society reports its usual activity, and present a working force of 17 active and eight honorary members.

Talladega county.—Report and dues. Represented by one delegate and one counsellor. This society indicates from its rolls a healthy state, carried over, seemingly, from that of last year. Membership, 21—gain of one.

Tallapoosa county.—Report and dues. Although having no representation, it still preserves its record for efficiency. Membership, 19.

Tuscaloosa county.—Report and dues. Represented by two delegates. This society returns a fine membership, but is lacking in force and activity. Its enrollment numbers 23—outside physicians, ten.

Walker county.—Report and dues. Represented by two counsellors. Status and work satisfactory. Membership, 15.

Washington county.—Report and dues. No representation. This society is wanting in energy. More is expected of it than a simple registry of names. Membership, four.

Wilcox county.—Report and dues. Represented by one counsellor. This is one of the largest and best organized societies in the state, yet its returns are unsatisfactory. This should not be. Membership, 28.

Winston county.—Report. Dues unpaid. Represented by one delegate. Status reasonably good for one so young. Membership, 6.

THE SCHEDULE OF SPECIAL COMMITTEES.

Dr. Edward H. Sholl of Birmingham, chairman of committee on the home for the widows and orphans of physicians and superannuated physicians, made the following report:

Your committee, after considering several plans that have been submitted to them for action, have concluded that the proposition of the Southern Building and Loan Association of Huntsville, is the most feasible. On account, however, of a few details which must be thoroughly understood by the members of the county societies, we respectfully suggest that the committee be allowed another year to make their report, during which time they hope to get a full and practical expression of opinion from every member of the state association on the plan before them.

On motion the report was received and the committee granted further time.

Edward H. Sholl, Robert D. Webb, Benjamin J. Baldwin, James T. Searcy, Benjamin F. Cross, Pugh H. Brown, committee.

The committee on the different systems of county jails and poor-house management, failing in representation and report, was, on motion of the senior censor, discharged.

Committee: Richard P. Huger, Peter Bryce, James T. Searcy.

The committee on badges, Dr. Jerome Cochran, chairman, submitted the following report:

The special committee appointed at the last session of the association to consider the question of paying for the button badges purchased in 1884 by the secretary of the association, said committee being composed of Drs. Cochran, Seelye and Gaston, with power to act, beg leave to report that they have duly investigated all the facts connected with this transaction, which they find to be as follows: (1) The secretary had no authority given him by the association, or by any of its officers,

to purchase these badges, but made the purchase on his own individual responsibility. (2) It was very soon found out by certain members of the association that the badges purchased by the secretary were badges belonging to three European orders, and as our counselors could not afford to sail under false colors, they were obliged to discontinue the use of said badges. (3) The number of badges purchased was very large, 454 in all, at a cost of $116.50, or a fraction over twenty-six cents apiece; and they were sold to counselors by the secretary at fifty cents each. Upon this basis of facts your committee were of the opinion that the secretary should himself pay for the buttons, and so unanimously decided. The secretary refused to abide by this decision. In the meantime Mr. Joel White, who imported the buttons, is still, after waiting five years, doing without his money. The amount now outstanding, after deducting a payment of $15.50 from the original account of $116.50, is $101.00. There can be no question that Mr. White ought to be paid.

Having failed to accomplish a settlement, as the foregoing statement shows, we report the matter back to the association, and ask to be discharged from any further consideration of it.

All of which is respectfully submitted,

JEROME COCHRAN, M. D.,
Chairman.

On motion, the association adjourned to meet in Temperance Hall at 8 o'clock p. m., to attend the annual oration of Dr. Ruffin Coleman of Birmingham.

EXCURSION.

At 4 o'clock p. m., members of the association and their friends, were given a complimentary excursion on the bay. They went down some twenty miles or more and returned at 7 o'clock greatly pleased with the trip.

EVENING SESSION—TEMPERANCE HALL.

Dr. M. C. Baldridge, president, called the association to order at 8 o'clock, and then introduced the orator of the evening, Dr. Ruffin Coleman of Birmingham.

The Mobile Register has this to say:

Dr. Coleman commenced his address by paying an eloquent tribute to Dr. Brice Hughes, who had been chosen as the orator of the association, but who had been claimed by death. He then expressed the pleasure of himself and associates at meeting in hospitable Mobile, that sat like a queen upon the shores of her beautiful bay, whose name and reputation was known far beyond the limits of the State, and who had among her citizens in the past so many whose names were honored and memories revered, and whose people now maintain their old time reputation. In this connection the speaker paid a handsome compliment to Mrs. Augusta Evans Wilson.

His theme, he said, was The Higher Education of Women, with special reference to their being admitted to the practice of medicine. He knew that the statement of his subject would cause many to smile, but it was one that he was in earnest in advocating. The objections were on scientific and æsthetical grounds. It was claimed that woman was not strong enough for sustained mental effort. The truth was that women wasted strength enough in the dissipations of fashionable life to do the work of carpenters. As to their mental ability it should be remembered that the hand that rocks the cradle moves the world, that mothers mould the minds of their sons more than fathers do, that all great men have had superior women for mothers.

From an æsthetic standpoint it is claimed that women should lead only a domestic life—that they should not go out into the world and work. He saw no lowering of woman's position because she sought to support herself or those dependent on her. On the contrary, he honored her for doing so. It is true that, as far as the study of medicine is concerned, the ordeal is trying to a beginner, but he believed women could stand it. Some had already stood it.

Dr. Coleman continued in this strain, making many telling hits, which were much enjoyed by the audience, and closed by giving a list of some of the women who have done noble service in the cause of humanity, and by making an appeal to his brother physicians to move forward with the progress of the age.

The remainder of the evening consisted in music and recitations by a number of the most noted amateur talent of Mobile.

PROCEEDINGS OF THE SECOND DAY.

WEDNESDAY, APRIL 10.

The association convened in Temperance Hall at 10 o'clock a. m., and was called to order by the president, Dr. Baldridge.

Under the head of miscellaneous business, next in order, Dr. B. J. Baldwin of Montgomery introduced an ordinance providing for the appointment of a board of trust for a *library and museum for the association*, who shall be invested with power to issue bonds in the sum of $5,000, for the purpose of erecting a suitable building for a library and museum and residence for the State health officer. The ordinance specifies how said bonds shall be issued, and makes the State health officer custodian of the building, under direction of the said board of trust. In lieu of such service he shall be entitled to occupy the residence free of charge. Dr. Baldwin said that the object was to provide for all time to come a *permanent residence for the State health officer*, as well as a permanent location for the museum and library of the association. The advantages of such a building were manifold. It would stimulate the increase of the library and museum, now small, for want of a permanent abiding place.

To accomplish this the association has only to guarantee the interest on $5,000 at six per cent. for twenty years—only $300 per year. The ordinance further provides for the payment of the principal, and by a guaranteed mortgage upon the property. If the principal is not paid at the end of twenty years, then the bonds can be so issued to run twenty years longer.

Plans of the building showing front, elevation and internal arrangements, with all modern improvements, were exhibited and explained by Dr. Baldwin. The ordinance and plans were referred to the board of censors.

The secretary then proceeded to call the schedule of regular reporters, and in their order, viz:

(1) Electricity in Gynecology; Dr. William E. B. Davis of Birmingham. Read and referred to the Publishing Committee.

(2) Eclampsia Gravidarum; Dr. Richard M. Fletcher of Madison. Read and referred to the Publishing Committee.

(3) Curability and Treatment of Pulmonary Phthisis; Dr. Vivian P. Gaines of Mobile. Read and referred to the Publishing Committee.

(4) Dysmenorrhœa, its Causes and Treatment; Dr. E. Powell Riggs of Birmingham. Read and referred to the Publishing Committee.

(5) Dentition; Dr. William C. Wheeler of Cherokee. Read and referred to the Publishing Committee.

VOLUNTEER PAPERS.

(1) Epicystic Surgical Fistula for Cystoscopic Exploration, Intravesical Treatment and Drainage; Dr. John D. S. Davis of Birmingham. Read and referred to the Publishing Committee.

(2) The Complication of Diseases; Dr. Howell B. Gwin of Decatur. Read and referred to the Publishing Committee.

(3) Septicæmia; Dr. John P. Stewart of Attalla. Read and referred to the Publishing Committee.

(4) The Causes of Gonorrhœa and its Treatment in the Female; Dr. Angelo Festorazzi of Mobile. Read and referred to the Publishing Committee.

(5) Ascites, with Illustrative Case; Dr. Charles Whelan of Birmingham. Read by Dr. W. E. B. Davis, and referred to the Publishing Committee.

(6) Recent Advances in the Radical Cure of Inguinal Hernia; Dr. B. Leon Wyman of Birmingham. Read and referred to the Publishing Committee.

(7) Ovarian Tumors, with specimens; Dr. Morris J. Thompson of Meridian, Mississippi. Read and referred to the Publishing Committee.

(8) Apposition Cat-gut Mat, for Intestinal Anastomosis; by Dr. John D. S. Davis of Birmingham. Read and referred to the Publishing Committee.

A recess of ten minutes was called. Upon reassembling, Dr. George W. McDade of Montgomery read a paper supplementary to Dr. Davis' paper on Epcystic Surgery. Read and referred to the Publishing Committee.

The secretary read invitations from the Athlestan and Manassas clubs, and from the Mobile Chamber of Commerce, extending to the members of the association the privileges of their rooms, at will, during the session. Thanks were voted and returned for the courtesies offered.

Evening Session.

The association was called to order at 8 o'clock p. m., in Temperance Hall, to discuss the health laws of the State. These meetings are of constantly increasing interest, not alone to the county health officers; to the county boards of health; to individual members of the association, but to the physicians as well as to the public at large.

The senior censor being the head and front of the meeting, gave flattering accounts of the advancement made, especially in the collection of births and deaths; of the general efficiency of the various health officers, and of the willingness on the part of midwives and others to make their returns as required by law. The meeting assumed the shape of an experience meeting, questions and answers following in succession. In this way all became intensely interested in the work before them.

Adjourned at 9:45 to 10 a. m. to-morrow.

PROCEEDINGS OF THE THIRD DAY.

THURSDAY, APRIL 11.

The association was called to order by the president promptly at 10 o'clock a. m. Under the head of miscellaneous business, next in order, opportunities were offered Dr. John C. LeGrand of Anniston, editor of the Alabama Medical and Surgical Journal, and Landon B. Edwards of Richmond, editor of the Virginia Medical Monthly, to speak in the interest of their respective journals.

The remaining hours of the morning session were taken up in the reading and discussion of volunteer papers. For convenient reference the titles and authors of these several papers follows the list of regular essays, page 74. Discussion of them may be found under their respective headings. [See appendix of Medical and Sanitary Dissertations and Reports.]

Adjourned until 10 o'clock A. M. to-morrow.

THE PROCEEDINGS OF THE FOURTH DAY.

FRIDAY APRIL 12.

The association convened at 10 o'clock A. M., and was called to order by the president.

Miscellaneous business next in order.

Dr. Edward H. Sholl, of Birmingham, offered the following preamble and resolution touching the action of the State Health Officer, in the recent epidemic at Decatur:

WHEREAS, The Medical Association of the State of Alabama, recognizes loyalty to a confided trust as the highest of virtues, therefore, be it—

Resolved, That by this we desire to express our appreciation of the faithfulness of our State Health Officer to his trust in the recent epidemic of yellow fever at Decatur, and to commend him for the earnest discharge of his duty.

The preamble and resolution were unanimously adopted.

Dr. Charles H. Franklin, of Union Springs, from the Board of Censors, stated that, at the recent session of that body, Dr. Jerome Cochran had been elected State Health Officer for the ensuing five years, and

Moved that the association confirm the action of the Board of Censors.

The motion was unanimously adopted.

Dr. Samuel D. Seelye, of Montgomery, moved the following

VOTE OF THANKS.

Resolved, That the thanks of this association are most heartily tendered to the Mobile county medical society, and its committee of arrangements for the perfect manner in which they have ministered to the success of this meeting, and the generous hospitalities that have been heaped upon us, making our stay here not only profitable as an association, but memorable for its social pleasures.

Resolved, That the thanks of this association are hereby tendered to

the citizens of Mobile for the more than generous reception accorded to us, which is in keeping with the reputation of this city for open-handed hospitality.

Resolved, That the thanks of this association are tendered to the Athelstan club, for the delightful reception at their rooms, and to the Manassas club and Chamber of Commerce for courtesies extended to us.

Resolved, That the thanks of this association are hereby tendered to the various railroads centering here, and to the hotels for reduced fare.

Resolved, That the thanks of this association are hereby tendered to the Mobile Register, and the New Orleans Times Democrat, for their full and accurate reports of our proceedings.

Resolved, That the thanks of this association are hereby tendered to the ladies and gentlemen who participated in the concert on Tuesday night, and made the occasion a delight to us.

Resolved, That the thanks of this Association are hereby tendered to Mr. R. R. Warren, President of the Spring Hill railroad, for the delightful excursion to Spring Hill.

Resolved, That the thanks of this association are hereby tendered to Mrs. Augusta Evans Wilson, of whom we are all proud, for the impromptu reception at her home, which added greatly to the pleasures of our excursion to Spring Hill.

The Senior Censor now proceeded to read the sixteenth annual report of the Board of Censors and Committee of Public Health.

SIXTEENTH ANNUAL REPORT OF THE BOARD OF CENSORS, INCLUDING REPORTS OF THE STATE BOARD OF MEDICAL EXAMINERS AND COMMITTEE OF PUBLIC HEALTH.

SUMMARY OF CONTENTS.

PART I. THE REPORT OF THE BOARD OF CENSORS. The Work of the State Association—The President's Message—The Reports of the Vice-Presidents—The Report of the Secretary and the Book of the Rolls—The Report of the Publishing Committee—The Report of the Treasurer and the Book of Accounts—The Roll of the Correspondents—Business Reports from County Societies—A New Rule of Order—Part IV of the Censors' Report—Counselors by Congressional Districts—Library and Museum—Binding the Book of the Rules—The Treasurer's Bond—The Button Badges—The Recent Session of the General Assembly.

PART II. THE REPORT OF THE STATE BOARD OF MEDICAL EXAMINERS. The Work of the State Board of Medical Examiners—The Administration of the Law to Regulate Practice—Printing the Examination Papers—The Work of the County Boards of Medical Examiners.

PART III. THE REPORT OF THE STATE BOARD OF HEALTH. Delinquent Counties—Investigation of Delinquent Counties—The Color Blind Law—Quarantine Propositions submitted by the State Health Officer—Exemption of the State Health Officer from Quarantine Restrictions—Expenditures of the State Board—The Work of the County Boards of Health.

PART IV. SUPPLEMENTARY PAPERS. The Propositions Adopted at the Quarantine Conference held in Montgomery, March, 1889—Amendment to the Pharmacy Law.

PART I. THE REPORT OF THE BOARD OF CENSORS.

THE WORK OF THE STATE ASSOCIATION.

The Medical Association of the State of Alabama continues to prosper. The individual county societies have their ups and downs, which for the most part depend on the efficiency or inefficiency of their officers—especially upon the presidents of the societies and the presidents of the boards of censors. This is in accordance with the general law governing all sorts of organizations. A good general makes a good army. A good pastor makes a prosperous congregation. In the application of this principle to our county societies it is the part of wisdom to keep a good and efficient officer for several terms, or indefinitely, when a good officer has been found. It is a mistake to insist too much on rotation in office for the purpose of distributing the honors as widely as possible amongst the members.

The president of the state association can add greatly to the efficiency of the presidents of the county societies, and therefore to the prosperity of the county organizations over which they preside, by keeping up a constant correspondence with these officers in regard to the details of their work; and every president of the association should engage earnestly in this sort of supervision from the very beginning of his administration. In a word, he should take command of his army promptly and should seek to promote the discipline and efficiency of all the regiments and companies composing it. We desire to invest these suggestions with all possible emphasis, because it is important that our presidents should appreciate very thoroughly the extent and character of their official duties and obligations. Discipline and organization are the miraculous words that insure success. To construct out of the scattered members of our profession a powerful organization, and through this organization to secure concert of action and the prevalence of wise and prudent counsels is the great and abiding mission of our association. These things our presidents, as our commanders in chief,

and our vice-presidents, as commanders of divisions, should always bear in mind, and assiduously endeavor to accomplish.

We have made great progress; but much still remains to be done. Many of our county societies are still weak and inefficient, and these stand in need of all possible encouragement, and should be strengthened and helped in all available ways.

Many of the doctors of the state—some hundreds of them—have not become members of their county societies. This state of affairs is unfortunate both for them and for us; and persistent effort should be made to bring them all into the common fold. Every doctor in the state should be made to feel that membership in his county society is a duty not to be lightly neglected—an obligation, not honorably to be avoided. It is true that membership in a county society brings with it some inconvenience, some loss of time, and some expense; but the aggregate of these burdens is not large; and every physician should claim it as a privilege to carry his share of the load.

THE PRESIDENT'S MESSAGE.

We have carefully examined the recommendations of the president's message. In our judgment they are all wise and timely, except that which relates to the establishment of a medical journal under the auspices of the association. We believe it would involve an amount of expense beyond our means to sustain a medical periodical that in the general field of medical journalism would compare favorably with the great medical journals of the country. In the meantime we believe that it is very desirable that the state board of health should be able to issue a monthly bulletin, as a medium of communication between the state and county health officials, and for the dissemination of sanitary knowledge amongst the people. Such monthly publications are now issued by a considerable number of state boards of health, and have been found to be of great public interest and usefulness.

For the present, however, the funds at the disposal of the state board of health of Alabama do not warrant them to un-

dertake such an enterprise, and its consummation must be left to the future, with the hope that the day is not very far off when it will become feasible.

THE REPORTS OF THE VICE-PRESIDENTS.

We have carefully considered the reports of the vice-presidents; and are sorry to feel it to be our duty to state that they do not come fully up to the high standard of excellence which we are anxious to see established as characteristic of these reports. They are, to some extent, lacking in that fullness and freshness of information in regard to the status and work of the various county societies which should come as the natural results of active and unceasing supervision of the societies from one year's end to another.

We do not make these strictures from any desire to censure the vice-presidents who have been in charge of the societies during the past year. But because the plan for the utilization of our vice-presidents is still new, and perhaps not generally appreciated at its full value; and we consider that it is very desirable that said plan should be carefully fostered, and developed to its fullest possible extent.

We expect a great deal of our vice-presidents—a great deal more than is expected of the vice-presidents of any other medical organization. Indeed, we expect a great deal of all of our officers. This is the secret of our power and prosperity. We have a great army to discipline and train to efficiency in the discharge of most important public functions. Of this army the president of the association is the commander in chief, while the two vice-presidents are the commanders of its two grand divisions—commanders in the field—commanders on active duty. It is their business to make history—to look constantly after the welfare, and the efficiency, and the discipline of the regiments under their respective commands; that is to say, it is their business to foster and encourage and direct the county societies in their work. This can never be accomplished by waiting until near the close of the official year, and then, gathering such facts as can be had in response to a few

hasty letters, and making these facts the basis of the annual reports.

We make these remarks in all possible kindness, and solely with a view to the future interests of the association.

THE REPORT OF THE SECRETARY AND THE BOOK OF THE ROLLS.

We have examined the report of the secretary, and find it to be satisfactory. We therefore recommend that it be approved by the association.

We have also examined the Book of the Rolls and find it written up to date.

THE REPORT OF THE PUBLISHING COMMITTEE.

We have examined the report of the publishing committee, and find it satisfactory. We therefore recommend that it be approved by the association.

THE REPORT OF THE TREASURER AND THE BOOK OF ACCOUNTS.

We have examined the annual report of the treasurer, with the accompanying vouchers. We find it to be satisfactory and recommend that it be approved by the association.

We have also examined the Book of Accounts, which we find to be in good condition, and written up to date.

While, as we have said, we have found the treasurer's report satisfactory; that is to say, an accurate record of the financial condition of the association—we desire to suggest that several of the vouchers are defective, inasmuch as they do not designate for what articles or services the expenditures were made. We do not suspect anything wrong. But it is best that the business of the association should be done in a business way; and it is a recognized business principle that in all accounts the separate items should be given. For example, one of the vouchers we have had to consider is an account by the secretary for eighteen (18) dollars for "sundries." We do not know what articles are included in this word "sundries," and are, therefore, not able to say whether the expenditure of

this eighteen dollars was legitimate or not. We suppose that merely to call attention to carelessness of this sort will be sufficient to prevent its recurrence.

The treasurer receives a salary of only one hundred dollars a year, and is required to give a bond of three thousand dollars to guarantee the faithful performance of his duties and the safety of the funds of the association in his keeping. The present treasurer has always given the required bond; but with so small a salary this requirement seems to be rather a heavy exaction. In considering the matter we have reached the conclusion that it will be better for the association to arrange with some guarantee company to make bond for our treasurer, and so to relieve him from the necessity of giving personal security. We therefore recommend that we be authorized to make such an arrangement as we have here indicated, with such guarantee company as we may select, and in such amount as to us may seem expedient, and to draw on the treasury of the association annually for such sum as may be necessary to keep such bond in force.

THE ROLL OF CORRESPONDENTS.

We have duly considered the roll of the correspondents. It has come to our knowledge that one of our correspondents has died during the past year—namely, Dr. John S. Lynch of Baltimore, Maryland. We recommend that his name be stricken from the roll of correspondents, and that a suitable expression of our sympathy be forwarded to his bereaved family under the seal of the association.

We further recommend that the following named gentlemen be added to the roll of correspondents, namely:

(1) Dr. E. D. McDaniel of Camden, Wilcox county. He was for many years an honored counsellor of the association, and its president in 1886–7.

(2) Dr. Nathan R. Bozeman, formerly a distinguished physician of this State, now of New York city.

THE REVISION OF THE MINUTES.

Section 3 of article 79 of the constitution of the association, provides for the revision of the minutes of the proceedings. We recommend that this order of business be stricken out, and that it be made the duty of the board of censors to include in their annual reports statements of such errors in the minutes as to them seem to stand in need of formal correction.

BUSINESS REPORTS FROM COUNTY SOCIETIES.

Section 5 of article 79 of the constitution of the association provides for certain business reports from the county medical societies. This order of business consumes a good deal of time. It has not heretofore entirely fulfilled its purpose. The business matters to which it relates have now been placed in charge of the vice-presidents, and should be fully discussed in the annual reports of said vice-presidents. For these reasons we recommend that this rule of order be stricken out.

A NEW RULE OF ORDER.

In place of section 3 of article 79 of the constitution of the association, we recommend the insertion of the new order of business already adopted by the association in the following words:

3. The reports of the vice-presidents in the order of seniority.

PART IV. OF THE CENSORS REPORT.

Part IV of the Report of the Board of Censors has been devoted to special reports by the state health officer. The law now requires the annual publication of the report of the state board of health, and it is in that publication that the reports of the state health officer find their most appropriate place. We therefore recommend that Part IV of the Report of the Board of Censors be hereafter omitted, and that Part V be hereafter numbered Part IV.

COUNSELLORS BY CONGRESSIONAL DISTRICTS.

At the last session of the association an agreement was adopted to the effect, that in the election of counsellors, they should be distributed, as nearly as practicable, amongst the several congressional districts in the state, in proportion to the number of *paying* members of the association in the several districts. As it is a little difficult to get the number of paying members in the several districts at the time the elections are held, and also because, practically, the result will be about the same, we now recommend that the word "paying" shall be stricken out of this rule, and that the distribution be made on the basis of the number of members, whether they have paid or not.

LIBRARY AND MUSEUM.

We have duly considered the ordinance introduced by Dr. B. J. Baldwin, of Montgomery, to establish a library and museum for the association, and recommend its adoption.

Be it Ordained by the Medical Association of Alabama, (1) That Drs. B. J. Baldwin, J. B. Gaston and S. D. Seelye, all of Montgomery, be and are hereby created a board of trustees, to be known as the Board of Trustees of the Library and Museum of the Medical Association of the State of Alabama and the State Board of Health.

(2). That it shall be the duty of said board of trustees to have themselves properly incorporated under the laws of the state; to issue bonds for not more than six thousand dollars; to erect and furnish a building in the city of Montgomery suitable for the uses of said library and museum, and also in connection therewith, to provide a residence for the state health officer; to solicit donations and bequests in aid of said library and museum, and to have the supervision and general management of the same; and to report annually to the state association a full account of their proceedings as a board of trustees.

(3) That the said board of trustees shall issue the said bonds authorized in the second section of this ordinance, in sums of five hundred dollars each, at not less than their par

value, to run for not more than twenty years, and to bear interest at a rate not to exceed six per cent. per annum; and that the interest on said bonds is hereby guaranteed by the medical association of the state of Alabama, to be paid annually in the city of Montgomery.

(4) That members of the said board of trustees may be at any time removed from office by the president and board of censors of the Medical Association of the State of Alabama, without cause assigned, and that all vacancies occuring in said board shall be filled by appointment of said president, by and with the advice and consent of the said board of censors, each of said trustees to hold office until his death, resignation, or removal.

(5) That there shall be set aside, annually, from the treasury of said State Medical Association such sum as may be recommended by the said board of censors, to constitute a sinking fund to redeem the said bonds, and that said sinking fund shall be under the control of said board of trustees, to be by them managed and invested as to them may seem best; and said board of trustees are hereby authorized to execute mortgages on the real estate and buildings of said library and museum to secure the principal of said bonds.

(6) The state health officer is hereby made the custodian of the library and museum established by this ordinance under the general direction and control of the board of trustees herein created, and in return for his services as librarian and curator, shall be entitled to occupy the residence connected with the library and museum free of rent.

BINDING THE BOOK OF THE RULES.

At the last session of the association we were instructed to publish a new edition of the Book of the Rules—an edition of one thousand copies—five hundred copies to be bound in cloth and to be sold at fifty cents per copy, and five hundred to be bound in paper covers and to be sold at 25 cents per copy. As there was to be a session of the general assembly last winter, we concluded it would be best not to publish the revised rules

until after its adjournment. We now propose to attend to this order as speedily as possible. In the meantime it has occurred to us that it will be better policy to bind the entire edition in cloth, and we recommend that the order be modified to this extent.

THE BUTTON BADGES.

On the first day of the present session the special committee, appointed a year ago to consider the case of the button badges, and the payment of Mr. Joel White's bill for the same, made their report and asked to be discharged. The report was received and the committee discharged. The report in question records the status of the case as between the secretary and the association, and we propose to leave that issue untouched. In the meantime, however, Mr. White's bill for one hundred and one dollars remains unpaid, a condition of affairs which we think should not be allowed to continue. We therefore recommend that we be authorized by the association to have paid out of the treasury of the association and to the order of Mr. Joel White the sum of one hundred and one (101) dollars, as above mentioned.

THE RECENT SESSION OF THE GENERAL ASSEMBLY.

During the recent session of the General Assembly quite a number of bills were introduced, which, to a greater or less extent, were intended to influence the interests represented in our association. We proceed to mention them separately, giving such attention to each as its importance seems to warrant:

(1) A bill to amend section 1298 of the Code. This was introduced in the house by Mr. Kyle, of Lee county, and was hence known as the Kyle bill. Section 1298 of the Code is now a dead section. It was applicable only in counties in which there were no boards of examiners under the jurisdiction of the State Medical Association, and as we now have boards in all the counties it is no longer in operation. It was proposed to so amend this section as to authorize all graduates

of medical colleges to practice medicine in Alabama without examination by our medical boards. The bill was referred to the committee on revision of laws, and provoked a good deal of discussion. Mr. Kyle, Dr. Williams, of Opelika, and General Harrison, acting as attorney for the friends of the bill, appeared before the committee and argued the question at considerable length. Dr. Gaston and Dr. Cochran answered their arguments as well as they were able; and the committee finally agreed on an adverse report, which settled the fate of the bill; and which, in effect, settled the fate of all the other bills which were presented during the session with the same object in view.

(2) A bill to prevent monopolizing the practice of medicine in this state and to provide for the appointment of boards of medical examiners. This bill was introduced in the senate by Mr. Waddell, of Russell county. It is believed to have been inspired by the friends of the Kyle bill. It is a very long bill, and proposed to abolish all of our boards of examiners, and all of our boards of health, both state and county, and to substitute for them certain mixed boards to be composed of physicians of different schools of medicine. It never had the slightest chance of passing, and nobody paid any special attention to it.

(3) A bill of similar purport, perhaps the same bill, was introduced at the same time in the house, but was never heard of any more.

(4) A bill, of which we are not able to give any details, to create boards of examiners, was introduced in the senate by Mr. Huey, but it was never reported by the committee to which it was referred.

(5) Two bills were introduced in the senate by Mr. Smith, of Mobile, one to amend section 1302 of the Code, and one to amend section 1305 of the Code. The object of these two bills was to exempt graduates of the Medical College of Alabama from examination by the authorized boards of medical examiners. These bills were referred to the judiciary committee; they met with no favor; and the committee promptly

agreed on an adverse report. It affords us special gratification to be able to state that these bills, although emanating from Mobile, were not introduced by request or with the knowledge of the college faculty.

(6) A bill was introduced by Mr. Mancill, of Covington county, to exempt said county from the operation of the law to regulate practice. It died quietly in committee.

(7) A bill was introduced by Dr. McRea, of Lowndes county, to fix the salary of the health officer thereof. It was righteously killed in committee.

(8) The bill to authorize the establishment of licensed grave yards, which was approved by the association, was not acted on because some of the lawyers in the house stated that the county commissioners of the several counties already had the powers which this bill proposed to confer upon them.

(9) The bill to provide for the preliminary examination of students applying for beneficiary scholarships in the Medical College of Alabama, was under a favorable report from the committee of public health in the house, but was never reached on the calendar, and so was never put to the vote.

(10) The bill to appropriate fifteen hundred (1500) dollars for clerk hire for the state board of health was reported adversely by the senate committee on finance. An effort was made to have it called up and put to the vote; but the approach of the end of the session prevented this.

(11) A bill to amend section 4078 of the Code was introduced in the senate and passed that body with only one adverse vote. It then went to the house and was favorably reported by the committee on public health. When put to the vote in the house it was defeated by two votes. The friends of the association were very hopeful of its passage; but it came up at an unfortunate time, and did not receive due consideration.

(12) A bill to amend section 1305 of the Code passed both houses and became a law. It modifies the section in question so as to declare that all persons actually engaged in practice in any county at the time of the organization therein of a board of examiners shall be entitled to the *pro forma* certificate with-

out examination. The only counties materially affected by this law are DeKalb and Covington. In all the other counties certificates had already been issued to all such persons as had been actually engaged in practice at the time of the organization of the county board; or, if there were any exceptions they were few. This act here follows:

To amend section 1305 of the Code.

SECTION 1. *Be it enacted by the General Assembly of Alabama*, That section 1305 of the Code be and is hereby amended so as to read as follows:

Certificates may in certain cases be issued without examination. All physicians, druggists, or dealers in drugs and medicines, having license as hereinbefore provided, and all physicians actually engaged in the practice before the organization in the county of a board of medical examiners, are, on application to an authorized board of medical examiners, entitled to certificates of qualification, without examination, and the physician is also entitled to have his name inscribed on the register of licensed practitioners of medicine.

Approved February 27th, 1889.

(13) A bill to amend the quarantine laws of the state was introduced into the senate, and finally passed both houses in the following words:

An Act to amend the Quarantine Laws of the State.

Be it enacted by the General Assembly of Alabama, That the state health officer, under the direction and control and under the rules and regulations of the state board of health, by and with the consent and concurrence of the municipal authorities and the county health officer, shall have the power, and it shall be his duty, to modify the restrictions of all quarantines established by county and municipal authorities in this state; to make them more stringent whenever in his judgment they are not sufficient for the protection of the people, and to lessen their stringency whenever in his judgment they interfere with travel and traffic to an extent beyond what is necessary for the said protection.

PART II. THE REPORT OF THE STATE BOARD OF MEDICAL EXAMINERS.

THE WORK OF THE STATE BOARD OF EXAMINERS.

For the year 1888 we have received from the county boards of medical examiners seventy-seven (77) sets of examination papers. Of these, four were preliminary to the study of medicine, and in all the result was the granting of the certificate. The examinations for the practice of medicine number seventy-four, of which sixty-seven (67) were successful, and seven (7), or 10.44 per cent. were unsuccessful. This is about half the usual percentage of failures.

One examination was conducted by the state board. The applicant was Mr. A. T. Haley of Shelby county. His examination was not satisfactory, and he failed to obtain the certificate.

A considerable number of county boards still do their work in a slovenly and unsystematic way that is not at all to their credit, as will appear in the section of this report entitled "The Work of the County Boards." But, on the other hand, a considerable number of county boards are now doing admirable work, and the tendency all along the line is towards improvement. This is evidenced by the remarks on the examination papers made by several members of the state board.

One writes as follows:

> After a careful review of these papers, it is gratifying to be able to say that the improvement, as compared with the papers of previous years, is marked, both on the part of the examiners and on the part of the applicants, so much so, indeed, as to impress upon me the conviction that the whole state is undergoing a medical awakening. In some of the examinations no special regard was paid to the new rules for examining boards adopted at the Tuskaloosa session of 1887; but in a large majority of the cases these rules have been fairly well observed. The character of the questions, too, is better, though in this particular there is yet certainly much improvement that might be made. In the main, however, the questions are less elementary than heretofore, less numerous, and more of a character to draw out the full knowledge of

the applicant. The applicants, judging from their educational attainments, were generally better prepared for the study of medicine, and as a consequence passed better examinations than heretofore. From this we infer that while the ordinance requiring preliminary examinations is not generally observed, there is still a tacit agreement on the part of the profession to discourage incompetent young men from beginning the study of medicine; nor is it too much, we think, to assume that the colleges, impressed with what is becoming a general desire for a higher medical education, are doing more thorough work than they did a few years ago.

Another writes:

I must be allowed to say, that as a whole these are the best papers I have been called on to examine since I have been on the board, and it is gratifying to note the rapid improvement we are making. The rule to have the papers bound was well conceived and will do great good by giving more importance to the examinations.

Another writes:

It gives me very great pleasure to commend the Mobile Medical College for the very efficient work they are doing. Their students compare favorably with any in the United States.

Another writes:

The general character of these papers makes them the best that have ever been submitted to me for criticism. They show a better common education in the applicants They also, as a rule, are compiled and sent up in a better shape for the use of the association. This is a much desired change, inasmuch as these papers are important documents, which are to remain permanently in the archives of the association, and which may become important for legal reference in the future. I find that in some of the examinations the questions are very defective; first, in not being clearly defined; secondly, in not being of such scope as to test the applicant's knowledge of the subject. This is a serious defect, and calls for greater care on the part of the examiners in these cases. But these are the exceptions, and the general verdict is altogether favorable.

THE ADMINISTRATION OF THE LAW TO REGULATE PRACTICE.

As we have already explained, there is some uncertainty about the construction of section 4078 of the Code—the section, namely, which provides a penalty for the violation of the law

to regulate the practice of medicine. There is no way to decide the issues involved until a case under this section is taken up to the supreme court of the state, and this can be done only on appeal. So far, whenever we have got an indictment, we have won the case, and none of the defendants have chosen to appeal. As we have won all the cases we have had no occasion to appeal. If we had lost the cases appeal would not be open to us as the state can not appeal when she loses a criminal case. The construction of this section of the Code must then remain doubtful until some illegal practitioner, convicted under it, sees fit to take his case to the supreme court. The legal adviser of the state board, Col. H. C. Tompkins, is of the opinion that the law will hold.

In the meantime, our duty under the law is plain. We must continue to enforce it, in all cases, to the best of our ability; and that there may be no mistake about our intention in this regard, we recommend the adoption by the association of the following rules:

(1) Whenever any physician, not already holding a certificate to practice medicine, derived from some authorized board of medical examiners in this state, moves into any county with the intention of engaging in the practice of medicine therein, it shall be the special duty of the board of medical examiners of said county, promptly and without delay, to serve on such physician the official notice as provided on page 94 of the Book of the Rules requiring him to conform to the law.

(2) If, after the service of the notice aforesaid, any physician continues to practice medicine in violation of the law, it shall be the duty of the county board of medical examiners to get up the proof against him, and to prosecute him before some court of competent jurisdiction promptly and without delay.

HOW ILLEGAL DOCTORS SHOULD BE TREATED.

In spite of all that can be done to secure the enforcement of the law, it sometimes happens that doctors who have not complied with the law sometimes manage to practice for longer or shorter periods of time. Through the indifference of solicitors,

or through the prejudices of grand juries, it may be difficult to secure indictments. In one case a physician was indicted three times, plead guilty of the charge three times, and three times paid costs and fines before he gave up the fight. The possibility of such cases makes it proper for the association to prescribe rules for their treatment; and to this end we recommend the adoption of the following ordinance:

Be it Ordained by the Medical Association of the State of Alabama, That physicians engaging in the practice of medicine in this state, in violation of law, shall be regarded as dishonorable men and unethical practitioners, and as such shall be placed under the ban of the profession, and denied any sort of professional recognition.

Even if it should be found hereafter that the penalty of the law can not be enforced without further legislation, that does not at all change the requirements of the law; and it would still be true that every physician practicing without a certificate from some authorized board of medical examiners would be an illegal practitioner. He would have no legal right to practice, and therefore no moral right. He could not collect bills by law. He would not be a preferred creditor for medical attention during the last illness of decedents. He would be under the ban of the profession, and excluded from all professional recognition, and from all professional organizations. In a word, he would occupy a position of embarrassment and humiliation that would be intolerable to any honorable and self-respecting man.

BINDING EXAMINATION PAPERS.

The sets of examination papers, sent up from the county boards for the year 1888, number 77—a full annual average. The binding of these, at fifty cents a volume, amounts to $38.50. The fees sent up amount to $21. A book case for the filing of these papers cost $10, expressage to $4.25. The total expenditures are therefore $52.25, which leaves the senior censor out of pocket to the amount of $31.25. Of course this amount will be made good out of future receipts from this fund.

THE WORK OF THE COUNTY BOARDS.

The county boards of medical examiners have made reports for 1888 as follows:

Autauga county board. For the study of medicine, none. For the practice of medicine, none.

Baldwin county board. For the study of medicine, none. For the practice of medicine, none.

Barbour county board. For the study of medicine, none. For the practice of medicine, none.

Bibb county board. For the study of medicine, none. For the practice of medicine, none.

Blount county board. For the study of medicine, none. For the practice of medicine—

John Henry Ellison, M. D., Medical Department of University of Tennessee, 1888. Certificate granted.

H. B. Martin, M. D., certificate granted.

Luther LaFayette Wikle, M. D., medical department of the University of Tennessee, 1888. Certificate granted.

These papers came up in bad order—not properly arranged, and not tagged together, and written upon scraps of paper of all sizes, from the full length of a sheet of legal cap, down to slips not over three inches long. There are no applications; no schedule of the ratings or valuation of the answers; obstetric operations and mechanism of labor are improperly included under the single head of obstetrics; and some of the questions, and some of the answers are missing. The questions in about half the branches are reasonably well chosen. In the other half of the branches they are very badly chosen, especially in natural history of diseases, and in physical diagnosis, in which the questions require little more than the definition of terms. It is evident that the board did not give these examinations that careful attention which is demanded by work of so much importance. It is also evident that the supervisors who had charge of the examinations were either incompetent or very negligent.

On the part of the applicants, Dr. Wikle's answers are for the most part very good. The answers of Dr. Martin are fairly passable. Those of Dr. Ellison are sometimes very faulty.

Bullock county board. For the study of medicine, none. For the practice of medicine, none.

Butler county board. For the study of medicine, none. For the practice of medicine—

Henry Gaither Perry, M. D., Georgia College of Eclectic Medicine and Surgery, 1888. Certificate granted.

Charles A. Thigpen, M. D., medical department Tulane University, 1888. Certificate granted.

On the part of the board these examinations were well done, and the papers come up in good order. The only slip made is by one of the examiners, Dr. J. C. Kendrick, who includes the two branches, obstetric operations, and the mechanism of labor under the single head of obstetrics. The supervisor did his work well.

On the part of the applicants every thing is satisfactory. Dr. Thigpen makes the perfect grade of one hundred, an exceedingly rare degree of success. Dr. Perry, it will be observed, is the graduate of an eclectic college. He did himself credit, and is entitled to the high grade of eighty-eight awarded him by the board.

Calhoun county board. For the study of medicine, none. For the practice of medicine—

Robert Lee Bowcock, M. D., University of Virginia, 1886. Certificate granted.

Martin Luther Emrick, M. D., Jefferson Medical College, 1888. Certificate refused.

Willie Newton Jones, M. D., Louisville Medical College, 1888. Certificate refused.

John W. Overton, M. D., medical department of the University of Louisville, 1887. Certificate granted.

Walter Howard Bell, M. D., Atlanta Medical College, 1888. Certificate granted.

On the part of the board these examinations are of varying merit, sometimes good and sometimes faulty. We are sorry to have to say that we think the board should have been a little more careful.

Dr. Bowcock's examination is fairly good. Except for his lamentable want of a more thorough knowledge of the English language, Dr. Overton acquitted himself fairly well. In the examination of Dr. Jones but little attention was paid to the rules. Even if his examination was considered to be very imperfect the ratings should have been attached to the papers, and all the formalities observed. Dr. Emrick's examination was hurried through in two days. He should have taken more time. As it was he made 73.08, and needed only two more points to pass successfully. The questions in Dr. Bell's examination are too meagre. His answers are fair.

Chambers county board. For the study of medicine, none. For the practice of medicine, none.

Cherokee county board. For the study of medicine, none. For the practice of medicine—

Josiah Littleton Barge, M. D., Atlanta Medical College, 1887. Certificate granted.

This examination in every way very defective, both on the part of the board and on the part of the applicant. As it is the first examination made by this board we will not push our criticism into the mention of details, but content ourselves with the expression of the hope that they will make themselves in the future more familiar with the rules, and conduct their examinations more carefully and systematically.

Chilton county board. For the study of medicine, none. For the practice of medicine—

Frank Hamilton Dunklin, M. D., medical department of the University of Tennessee. Certificate granted.

In this case the rules governing the examining boards were sadly neglected. There was no supervisor, nor do the names of any of the examiners appear, nor their ratings. Altogether the examination was exceedingly poor, with almost nothing to relieve it, either on the part of the board, or on the part of the examiner.

Choctaw county board. For the study of medicine, none. For the practice of medicine—

Robert Henry Coleman, Jr., M. D., Medical College of Alabama, 1888. Certificate granted.

Walter Jackson Coleman, M. D., Medical College of Alabama, 1888. Certificate granted.

William Brantly Shamberger, M. D., Louisville Medical College, 1884. Certificate granted.

On the part of the board in these examinations the questions are fairly good, although some of them are too elementary. There is no supervisor's certificate, and none of the ratings are given. These are serious defects. The applicants have all acquitted themselves very well.

Clarke county board. For the study of medicine, none. For the practice of medicine—

Bryan William Grant, M. D., Louisville Medical College, 1888. Certificate granted.

This examination was conducted by the board according to the old schedule. There is no application, no supervisor's certificate, and no schedules of the ratings in the different branches. The questions are written by the examiners with spaces between them for the answers, thus limiting the length and completeness of the answers, instead of leaving the applicant free to say as much as he might want to say in reply to each question. Within these arbitrary limitations the applicant has acquitted himself with credit.

Clay county board. For the study of medicine, none. For the practice of medicine, none.

Cleburne county board. For the study of medicine, none. For the practice of medicine, none.

Coffee county board. For the study of medicine, none. For the practice of medicine—

Abner Richard Chapman, M. D., medical department of Vanderbilt University, 1888. Certificate granted.

Robert Franklin Harper, M. D., Medical College of Alabama, 1888. Certificate granted.

Several objections might be named to these papers. The questions are too elementary and too numerous, a fault that nearly all boards at first fall into. On the part of the applicants, also, they are not up to the average standard. Still, as this is the first effort of this board we pass the examinations as moderately good.

Colbert county board. For the study of medicine, none. For the practice of medicine—

Hugh Walter Blair, M. D., medical department of Vanderbilt University, 1885. Certificate granted.

William Warren Prater, M. D., medical department of the University of Nashville, 1882. Certificate granted.

These examinations were conducted under circumstances of some embarrassment that need not be mentioned here. There is no application, no supervisor's certificate, and no schedules of the valuation of the answers in the different branches, all due to negligence on the part of the board. On the part of the applicants the answers are usually correct, but are deficient in fullness. The examinations may be allowed to pass, but are not altogether up to the standard.

Conecuh county board. For the study of medicine, none. For the practice of medicine, none.

Coosa county board. For the study of medicine, none. For the practice of medicine, none.

Covington county board. For the study of medicine, none. For the practice of medicine, none.

Crenshaw county board. For the study of medicine, none. For the practice of medicine—

William Casper Duke, M. D., Kentucky School of Medicine, 1888. Certificate granted.

This examination is very defective, both on the part of the board and on the part of the applicant. The application, supervisor's certificate, summary and ratings are all missing. It is to be hoped that this board will be more careful in the future.

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Cullman county board. For the study of medicine, none. For the practice of medicine—

Richard Alleyn, M. D., Laval University, Quebec, Canada, 1880. Certificate granted.

These papers are extremely discreditable to the Cullman county board. The application, the supervisor's certificate, the summary and ratings, and the papers on chemistry, natural history of diseases, physical diagnosis, mechanism of labor, hygiene, and medical jurisprudence, are all missing. There can be no possible excuse for this. In the few branches in which he was examined the applicant does only moderately well.

Dale county board. For the study of medicine, none. For the practice of medicine, none.

Dallas county board. For the study of medicine, none. For the practice of medicine—

Mimms William Coleman, M. D., medical department of the University of the city of New York, 1888. Certificate granted.

Samuel Kirkpatrick, M. D., University of Nashville, and Vanderbilt University, 1888. Certificate granted.

On the part of the board these examinations, on the whole, may be pronounced satisfactory, but they are faulty in more ways than one. There seems to have been no supervisor; anyhow there is no supervisor's certificate. Obstetrics is included as one of the branches in place of obstetric operations, and mechanism of labor as prescribed in the current schedule. And there is an examination on ethics, which is not now required. In several of the branches the questions are more numerous than is necessary, and many of them too elementary to serve the purpose of testing the qualifications of the applicants. The applicants acquitted themselves well.

DeKalb county board. For the study of medicine, none. For the practice of medicine—

George Thomas Hays, M. D., Atlanta Medical College, 1888. Certificate granted.

Samuel Perry Smith, M. D., Kentucky School of Medicine, 1888. Certificate granted.

On the part of the board these papers are in good shape, except that the questions are not repeated before the answers. The questions would be numerous enough if they were sufficiently comprehensive; but inasmuch as in some branches they are very elementary, they are too few. The ratings of the answers are very high—higher, we think, than they were worth. On the part of the applicants the examinations are both barely passable.

Elmore county board. For the study of medicine, none. For the practice of medicine, none.

Escambia county board. For the study of medicine, none. For the practice of medicine, none.

Etowah county board. For the study of medicine, none. For the practice of medicine—

William Thomas Coggin, M. D., Medical College of South Carolina, 1885. Certificate granted.

John Daniel Pifer, M. D., Bellview Hospital Medical College, 1888. Certificate granted.

Raphael Morgan Russell, M. D., Bellview Hospital Medical College, 1888. Certificate granted.

Andrew B. Small, M. D., Memphis Hospital Medical College, 1888. Certificate granted.

On the part of the board these examinations come up in very good shape, with a fairly good selection of questions. They have been rather liberal in their ratings, but all the applicants were rightly passed on the basis of their examination papers, all of the applicants making very good answers.

In one of the cases the supervisor seems to be blamable. He certifies that the applicant had no access to books or other helps while in his presence. This is not the sort of certificate the rules require from supervisors. The case of Dr. Coggin is the one referred to. It is now believed that Dr. Coggin did manage to consult books in the course of his examination. It is also believed that his claim to be a graduate of the South Carolina Medical College is false, and on this ground he has been expelled from the Etowah county medical society. Dr. Pifer's examination is a very good one; but since the certificate was awarded him he has degenerated into a peripatetic and advertising doctor. Of course neither the Etowah county board nor his *alma mater* can be held responsible for this.

Fayette county board. For the study of medicine, none. For the practice of medicine—

Lewis Clay Harvey, M. D., medical department of the University of Louisiana, 1861. Certificate granted.

On the part of the board this examination was very carelessly done, and with complete disregard of the rules. There is no application, no supervisor's certificate, no ratings for the different branches, and no summary of ratings; and neither the old nor the new schedule was followed. The branches included in the examination are chemistry, anatomy, physiology, surgery, *materia medica*, physical diagnosis, practice, obstetrics. A good many of the questions are too elementary. The answers are usually correct, but too brief and summary. This is the first examination made by this board. We hope it will be more careful hereafter.

Franklin county board. For the study of medicine, none. For the practice of medicine, none.

Geneva county board. For the study of medicine, none. For the practice of medicine, none.

Greene county board. For the study of medicine, none. For the practice of medicine, none.

Hale county board. For the study of medicine, none. For the practice of medicine—

William Marie Browder, M. D., Jefferson Medical College, 1888. Certificate granted.

This examination on the part of the board is defective by the omission of the schedules of valuation of the answers in the different branches, and also by the omission of the final summary of values—very serious omissions. On the part of the applicant it is satisfactory.

Henry county board. For the study of medicine, none. For the practice of medicine, none.

Jackson county board. For the study of medicine, none. For the practice of medicine, none.

Jefferson county board. For the study of medicine, none. For the practice of medicine—

Thomas Johnson, M. D., University of Maryland, 1848. Certificate granted.

W. W. Ransom, M. D., Vanderbilt University, 1888. Certificate granted.

Robert L. Riley, M. D., medical department of Tulane University, 1884. Certificate granted.

Louis Audenried Salade, M. D., medical department of the University of Pennsylvania, 1888. Certificate granted.

Job N. Statum, M. D., Atlanta Southern Medical College, 1888. Certificate granted.

Lewis Green Woodson, M. D., medical department of the University of Maryland, 1887. Certificate granted.

On the part of the board these examinations are fairly well done so far as the character of the questions and the general management of the examinations is concerned; but in several of the cases they have distinctly valued the answers too high, thus passing men of questionable qualification. This is specially so in the cases of Dr. Statum and Dr. Johnson. Dr. Riley's examination is only passable. Dr. Salade, and Dr. Ransom, and Dr. Woodson acquitted themselves very well.

Lamar county board. For the study of medicine, none. For the practice of medicine, none.

Lauderdale county board. For the study of medicine, none. For the practice of medicine—

William H. Acton, M. D., medical department of Vanderbilt University, 1888. Certificate granted.

W. A. Caldwell, M. D., medical department of Vanderbilt University, 1888. Certificate granted.

S. O. Paulk, M. D., medical department of Vanderbilt University, 1888. Certificate granted.

On the part of the board these examinations were conducted in accordance with the old schedule. Hence there is no supervisor's certificate, and no table of the valuation of the answers, and no final summary. Also there is no application. The board, therefore, is not to be congratulated upon its work. It is under obligation to know its duty. On the part of the applicants the work is barely passable.

Lawrence county board. For the study of medicine, none. For the practice of medicine, none.

Lee county board. For the study of medicine, none. For the practice of medicine—

Tucker Henderson Frazer, M. D., Medical College of Alabama, 1888. Certificate granted.

Some of the schedules of the ratings in the different branches have been lost; and the paper is written on both sides. Otherwise the examinations are satisfactory, both on the part of the board and on the part of the applicant.

Limestone county board. For the study of medicine—

Mr. Mack Moore. Certificate granted.

This examination is creditable to everybody concerned.

For the practice of medicine—

John Hamilton Hansford, M. D., University of Louisville, 1888. Certificate granted.

Howell Beckham Gwin, M. D., University of Louisville, 1888. Certificate granted.

These papers came up in good shape, and the questions are well chosen. Dr. Hansford's examination is fairly good; Dr. Gwin's only moderately so.

Lowndes county board. For the study of medicine, none. For the practice of medicine—

William B. Crum, M. D., Medical College of Alabama, 1888. Certificate granted.

Charles W. Powell, M. D., Medical College of Alabama, 1888. Certificate granted.

These examinations are satisfactory both on the part of the board and on the part of the applicants. The only adverse criticism demanded is in relation to the supervisor. His part of the work is not neatly done, and he does not use the prescribed form of certificate.

Macon county board. For the study of medicine, none. For the practice of medicine—

John Hora Gautier, M. D., University of Louisville, 1888. Certificate granted.

This examination is satisfactory both on the part of the board and on the part of the applicant, except that the board is to blame for the omission of one of the schedule branches—namely, physical diagnosis.

Madison county board. For the study of medicine, none. For the practice of medicine—

J. A. Haggard, M. D., Kentucky School of Medicine. Certificate refused.

This examination is creditable to the board. The applicant was righteously rejected.

Marengo county board. For the study of medicine, none. For the practice of medicine, none.

Marion county board. For the study of medicine, none. For the practice of medicine, none.

Marshall county board. For the study of medicine, none. For the practice of medicine—

Jefferson Bennett Haralson, M. D., Memphis Hospital Medical College, 1888. Certificate granted.

In making this examination the board has exhibited very culpable neglect of duty. The application, the supervisor's certificate, all the schedules of the ratings, the paper on the mechanism of labor, the paper on hygiene, and the paper on medical jurisprudence, are all missing. The questions propounded would do well enough for an oral examination, but are not comprehensive enough for a written examination. On the part of the applicant the answers are too brief, and sometimes incorrect.

Mobile county board. For the study of medicine, none. For the practice of medicine—

Franklin K. Beck, M. D., Medical College of Alabama, 1888. Certificate granted.

Angelo Festorazzi, M. D., Medical College of Alabama, 1888. Certificate granted.

William R. Jackson, M. D., Medical College of Alabama, 1888. Certificate granted.

Calvin N. Owen, M. D., Medical College of Alabama, 1888. Certificate granted.

Chester K. Roe, M. D., Louisville Medical College, 1871. Certificate refused.

Joshua D. Terrill, M. D., Ohio Medical College, 1885. Certificate refused.

On the part of the board these examinations are substantially well

done. The questions, as a rule, are well chosen, but to this there are some exceptions, one or two of the examiners using questions that are too elementary, and involving only the definition of terms. The work of the supervisor is done in a very unsatisfactory way. The papers are not arranged in schedule order, except in the case of Dr. Terrill; the applications, with the same exception, are not in accordance with the rules; the full names are not given; the paper is not all of the same size; and he has forwarded no fees.

The successful applicants—Drs. Festorazzi, Jackson, and Owen, all acquitted themselves with credit. Drs. Roe and Terrill were properly rejected.

Monroe county board. For the study of medicine—

T. M. McMillan,

James L. Sowell.

These examinations include only English grammar, United States history, and chemistry. They are, therefore, defective.

For the practice of medicine, none.

Montgomery county board. For the study of medicine, none. For the practice of medicine—

Joseph Lucius Gaston, M. D., College of Physicians and Surgeons, New York, 1885. Certificate granted.

Willis Edward Sterrs (colored), M. D., University of Michigan, 1888. Certificate granted.

These papers came up in perfect order. The questions on the part of the board are generally good; but those in physiology should be more clearly expressed, and there should be more than one question in the mechanism of labor. Both examinations are quite voluminous. Dr. Gaston's answers are very good. Dr. Sterrs is very diffuse, but does fairly well.

Morgan county board. For the study of medicine, none. For the practice of medicine—

Samuel Lile, M. D., medical department of the University of Louisville, 1888. Certificate granted.

Eugene Maxey Littlejohn, M. D., Baltimore Medical College, 1885. Certificate granted.

Donald Lawrence Ross, M. D., McGill University, Montreal, Canada, 1887. Certificate granted.

Cornelius Ritchie Taylor, M. D., Long Island College Hospital, 1887. Certificate refused.

On the part of the board these examinations, while affording room for improvement, are fairly satisfactory—would be entirely so if a little more attention had been given to details. Dr. Lile's examination was hurried through in two days, and shows evidence of haste. Dr. Littlejohn's examination is quite satisfactory, as is also that of Dr. Ross. Dr. Taylor's is very poor indeed, and he was properly rejected.

Perry county board. For the study of medicine, none. For the practice of medicine, none.

Pickens county board. For the study of medicine, none. For the practice of medicine—

John Knox Purnell, M. D., Medical College of Alabama, 1888. Certificate granted.

Rufus R. Wyatt, M. D., Louisville Medical College, 1883. Certificate granted.

These papers do no credit to the board of examiners. They are in bad order and do not conform to the schedule; there are no valuations of the answers, and there seems to have been no supervisor. Dr. Purnell's answers are fairly good. Dr. Wyatt's are very poor for the most part.

Pike county board. For the study of medicine—

L. Hendrick. Certificate granted.

This is an extremely good preliminary examination—so good as to suggest that books were consulted in the preparation of it.

For the practice of medicine, none.

Randolph county board. For the study of medicine, none. For the practice of medicine—

Jefferson Davis Duke, M. D., Southern Medical College, Atlanta, 1888. Certificate granted.

Powhatan Glover Trent, M. D., Atlanta Medical College, 1888. Certificate granted.

On the part of the board Dr. Duke's examination is defective. There are no ratings, no supervisor's certificate, and no papers on the natural history and diagnosis of diseases, or on the mechanism of labor, or on hygiene, or on medical jurisprudence. The examination of Dr. Trent is in good shape. On the part of the applicants both examinations are fairly good.

Russell county board. For the study of medicine, none. For the practice of medicine—

Henry Homer Allen, M. D., Medical College of Georgia, at Augusta, 1888. Certificate granted.

The board has been somewhat careless in making this examination, which is their first. The application, supervisor's certificate, and the papers on mechanism of labor, and obstetric operations, are missing. On the other branches the questions are numerous and comprehensive. On the part of the applicant the examination is a good one.

Shelby county board. For the study of medicine, none. For the practice of medicine, none.

St. Clair county board. For the study of medicine, none. For the practice of medicine—

Luther Whitfield Sheppard, M. D., Baltimore College of Physicians and Surgeons, 1885. Certificate granted.

This examination is quite defective on the part of the board, and supervisor. The schedules of the valuation of the answers are all missing. The questions are fairly good. On the part of the applicant the examination is fair, although some of the questions in anatomy are poorly answered.

Sumter county board. For the study of medicine, none. For the practice of medicine, none.

Talladega county board. For the study of medicine, none. For the practice of medicine—

Joseph Green Powell, M. D., medical department of the University of Tennessee, 1888. Ceatificate refused.

Samuel D. Rhodes, M. D., College Physicians and Surgeons, 1874. Certificate granted.

Edgar Hinton Whitten, M. D., Medical College of Alabama, 1887. Certificate granted.

The board, in making these examinations, has evidently been very anxious to discharge their duty thoroughly, and they have succeeded fairly well.

Some fault could be found with some of the applicants, but on the whole, they have all made a fair showing.

Tallapoosa county board. For the study of medicine, none. For the practice of medicine—

Joseph Wyley McClendon, M. D., Jefferson Medical College, 1888. Certificate granted.

Isaac Eugene Webb, M. D., Atlanta Medical College, 1888. Certificate granted.

In these examinations the board have acquitted themselves fairly well. But they and the supervisor are to blame for not giving the schedules rating the answers to the questions. Both applicants have done well.

Tuskaloosa county board. For the study of medicine, none. For the practice of medicine—

John Montgomery Clifton, M. D., Medical College ot Alabama, 1888. Certificate granted.

William Edward Rust, M. D., University of Pennsylvana, 1842. Certificate granted.

On the part of the board these examinations are fairly well done. Some fault might be found with the questions on anatomy and surgery. On the part of the applicants the answers are fairly good.

Walker county board. For the study of medicine, none. For the practice of medicine, none.

Washington county board. For the study of medicine, none. For the practice of medicine, none.

Wilcox county board. For the study of medicine, none. For the practice of medicine, none.

Winston county board. For the study of medicine, none. For the practice of medicine, none.

PART III. THE REPORT OF THE STATE BOARD OF HEALTH.

THE WORK OF THE STATE BOARD OF HEALTH.

At the end of another year it affords us much gratification to be able to report that the work of the health department is still making satisfactory progress. The state health officer has been so much occupied with other work that he has not been able to give as much time and attention as usual to the details connected with the collection of vital statistics. Nevertheless there has been considerable improvement in this very difficult undertaking. The returns of births and deaths in many of the counties have been more nearly complete than ever before. The monthly reports have been sent in more promptly and in better shape; and the same statement is true of the annual reports. The county health officers are more generally paid, and in several instances their salaries have been increased.

The special reports of the state health officer are more numerous than usual, and embrace the following subjects:

(1) Report of a visit to southern Florida in May last.

(2) Report of a visit to Atlanta.

(3) Report on the Augusta conference.

(4) Report on the yellow fever epidemic at Decatur.

(5) Report on the Milwaukee session of the American Public Health Association.

(6) Report of visit to Jacksonville in January.

(7) Report on the Montgomery quarantine conference.

All these reports will be published in the annual report of the State Board of Health.

Experience has demonstrated, over and over again, that success in the collection of vital statistics depends strictly on the thorough organization of our work in the beats. We have dwelt upon this fact in all of our recent reports; but while great improvement has been made in this direction, a great deal yet remains to be done; and we therefore desire to call special and emphatic attention to it again, and to urge upon all the county boards of health and upon all the county health officers the paramount importance of bending all their energies to the prompt and rapid development in their respective counties of our beat system of supervision and work. The time has gone by when it can be claimed that this beat system is impracticable. That question has been definitely settled. It may be impracticable for certain county health officers, but if so, that should be taken as conclusive proof that such county health officers are not competent for the positions they occupy. In this connection we deem it important that every beat officer should be furnished with a beat register; and that every beat officer should make out the monthly beat reports in due shape on Form 3½. Beat registers can be had now at one dollar and a half each. They should be paid for by the county commissioners. In special cases they could be furnished by the county health officers at their individual expense. When not to be had in any other way, a wide awake beat officer can very well afford to pay for his own beat register. It may seem a little hard to expect beat officers to work for nothing and to furnish their own tools besides; but that is in strict accordance with the plans and practices of the association in all the departments of its work. We claim the privilege not only of serving the state without pay, but the still higher privilege of paying with our own money the expenses incident to such service. That is the secret of our strength and of our success—and we have a most abundant reward. The money so spent is sure to come back to us with compound interest.

Two other points which we have discussed again and again in our reports, require emphatic reassertion from us, namely:

(1) The presidents of the county societies are too often

more or less negligent of their official duties. They are the captains of the companies in our organization. Each one of them should hold himself responsible for the discipline and efficiency of his company, and it is his special prerogative and duty to see that his committee of public health and his county health officer acquit themselves with credit.

(2) The county boards of censors, acting as committees of public health, have not discharged their duties to the state and to the state association when they have elected county health officers. They should do much more than this; they should see that these county health officers do faithful and efficient work, and should give them hearty co-operation and assistance to overcome whatever difficulties and embarrassments may stand in the way of success.

DELINQUENT COUNTIES.

While, as we have said, the work of our county boards generally is improving, there are several of the counties inexcusably delinquent in this regard. Amongst these we feel that it is our duty to make special mention of the counties of Chambers, Chilton, Henry, Lauderdale, Lee, Macon, Marengo, Mobile, Pickens, Russell and Walker. In all of these counties the conditions are favorable for successful work. All that is needed is for the county boards to appoint competent county health officers, and to go to work in the proper spirit. We call upon the boards of health in these counties to wake up from the slumber of inexcusable apathy into which they have fallen, and to vindicate themselves from this wholesale reproach of inefficiency and negligence.

The Mobile county board of health we regard as specially culpable. Here is one of the leading boards of the state—a board that ought to be a model for imitation—that persistently fall short of its duty in regard to the collection of vital statistics. True, they have an excuse; they say the board of county commissioners will make no appropriation to pay the salary of a county health officer, and that they can't get anybody who is willing to act in that capacity without pay. The

simple answer to this is that they should grapple with this difficulty and overcome it. The use of an army is to win battles. One of the special duties of our county boards of health is to conquer little difficulties that obstruct their progress along the road to success. This board has failed long enough.

Note.—Since this was written the Mobile board has elected a county health officer, and the county commissioners have voted him a salary.

THE INVESTIGATION OF DELINQUENT COUNTY SOCIETIES.

At the session of the association in Montgomery last year we were instructed to investigate the county societies of Barbour, Greene, Macon, Mobile and Montgomery, which said societies were reported as delinquent in the performance of their duties as the boards of health of their respective counties. This duty we have performed to the best of our ability, and with results that will be specially noted in the third part of this report under the head of The Work of the County Boards of Health.

We were also instructed to investigate the Bibb county medical society, which was reported by the vice-president of the northern division as in a bad state of organization. This duty we have performed to the best of our ability, and have to state, after a very considerable amount of effort, this society has recently elected officers to fill all the vacancies, and is now, it is hoped, in a condition to fulfill its obligations to the state association.

The Cleburne county medical society has been for some time almost in a state of suspended animation, and negligent of its duties to the association. We are glad to be able to state that recently this society has again entered the field of active work; and we hope hereafter it will give a better account of itself.

In this connection we desire to call the attention of the vice-presidents to the urgent necessity there is for them to pay special attention to the weaker societies in their respective jurisdictions, and to give them all possible counsel and encouragement in keeping up their organization and work. Amongst

these weak societies we mention as in need of very careful attention the societies of Covington and Washington counties.

THE COLOR BLIND LAW.

The examiners under the color blind law remain as they were in 1887; and the work entrusted to them has gone on as usual.

The case intended to test the constitutionality of that part of the law requiring the railroads to pay for the examination of their employees, is still pending in the supreme court.

In the meantime the general constitutionality of the law has been affirmed by the supreme court in the following case:

Nashville, Chattanooga & St. Louis Railway Co. v. The State. From Jackson Circuit Court.

[Indictment against railroad corporation employing engineer without certificate as to color blindness.]

STONE, C. J.--1. *Constitutionality of statute as to examination of railroad engineers for color blindness.*—The act approved February 28th, 1887, for the protection of the traveling public against accidents resulting from color-blindness or other defective vision on the part of railroad engineers (Sess. Acts 1886-7, p. 87), is constitutional under the decisions of this court (McDonald v. State, 81 Ala. 279), and of the Supreme Court of the United States (Smith v. State, not yet reported); and if the provision which declares that the examinations shall be at the expense of the railroad corporations, or the provision which authorizes the state board of health to make alterations or additions in or to the rules and requirements prescribed by the statute, one or both, be unconstitutional, or invalid for any reason, this would not destroy the entire statute, nor defeat a criminal prosecution under it.

2. *Employment of railroad engineer here, under contract made elsewhere.*—Although the general assembly of Alabama can not regulate or prescribe the conditions of contracts made in another state, it may regulate the employment of persons here under contracts made elsewhere; and this is the extent of said statute approved February 28th, 1887, in reference to the *employment* of railroad engineers who have not been examined as required.

Affirmed.

The usual tables exhibiting the results of the examinations made during the year, will be published in the forthcoming report of this board.

THE QUARANTINE CODE OF ALABAMA.

The thirty-three propositions which are here subjoined were submitted by the state health officer to the Quarantine Conference which was held in Montgomery on the 5th, 6th and 7th days of March. By that body some of them were adopted, some of them were rejected, and some were not considered at all for want of time.

We have duly considered all of them. They constitute a harmonious and systematic quarantine code, and we recommend that they be adopted by the association.

Quarantine propositions submitted by Dr. Jerome Cochran, state health officer:

THE QUARANTINE OF RAILROADS.

(1) During the prevalence of yellow fever epidemics, passengers and freights should be brought from infected localities only under such regulations and restrictions as may be established by the health authorities along the lines of the roads concerned.

(2) The regulations and restrictions governing railroad transportation during yellow fever epidemics should be of such character as to afford all reasonable guarantees of protection to the communities in danger of invasion by the disease, but should not be more onerous than the circumstances warrant, and should be framed with due consideration of the extent of the danger in each particular case, and as affected by latitude and seasons of the year, and other qualifying conditions.

(3) At all seasons of the year, and under all circumstances, the simple passage of railroad trains should be allowed, without obstruction, even when carrying sick refugees from infected places to healthy localities willing to receive them.

(4) When the transfer of passengers or freights from infected localities from one railroad to another becomes necessary, such transfers should be done under such precautions as may be deemed necessary by the health authorities of the places

at which the transfers are made; but no restrictions should be made that will render such transfers impracticable, and transfers of passengers and freights from places not infected should not be burdened with unnecessary restrictions. Quarantines against all the world are illegal, mischievous, and in every way unwarrantable.

(5) Quarantine inspectors on railroad trains should be under the control of the health authorities of the several states, rather than under the control of the health authorities of the communities scattered along the line of the road. In this way quarantine regulations may be enforced with the smallest amount of friction and inconvenience to the travelling public, and with the maximum of efficiency and economy. At the same time the wishes of the local authorities should be treated with all due consideration.

(6) When circumstances require it the States should establish quarantine camps at such places as may be most convenient for the detention of travellers, disinfection of baggage, and treatment of the sick. It is barbarous and inhuman to dump off travellers of any sort, and especially women and children and the sick, on the side of the road to take care of themselves the best they can.

THE LOCAL MANAGEMENT OF YELLOW FEVER.

(7) When one case, or a few cases of yellow fever occur in any community, it does not follow of necessity that the disease must spread and become epidemic. On the contrary, the experience of many countries through long periods of time shows conclusively that in the majority of such instances, and without the observance of any special means of prophylaxis, the disease fails to spread.

(8) When one case, or a few cases of yellow fever occur in any community, in the light of our present knowledge of the habits and modes of propagation of the disease, it is generally possible, by the employment of the proper prophylactic measures, to prevent the development of an epidemic.

NON-INTERCOURSE.

(9) The golden rule for the prevention of the spread of yellow fever is non-intercourse—isolation—the keeping of the well away from the sick, away from infected things, and very specially away from infected localities.

(10) In the enforcement of this golden rule of non-intercourse two problems present themselves for solution. (a) To keep the people generally from coming into the infected houses and the infected localities; and (b) To keep doctors and nurses and other attendants and the well members of sick families from visiting and mingling with people outside of the infected houses and localities. The solution of the first of these problems is comparatively easy. The solution of the second is sufficiently difficult. But it is possible to solve them both.

(11) In the densely settled sections of cities guards may be useful for the enforcement of non-intercourse. They are much less needed in sparsely settled towns. In villages and county neighborhoods, as a rule, they are not needed at all. In all cases every intelligent family should be able to take care of itself—should be able to keep all of its members away from infected houses and localities, and to guard its own premises from invasion by dangerous persons and things.

(12) Non-intercourse may be practiced in the very center of an infected district with considerable probability of escaping the fever. Cloistered convents and prisons in infected cities, with yellow fever raging all around them, usually escape invasion; and there are numerous instances on record in which private families in the midst of epidemics have passed the ordeal safely by the vigorous enforcement of non-intercourse.

DISINFECTION.

(13) Disinfection in yellow fever is based very largely on theoretical grounds. Nevertheless, we believe that it may be made a valuable agent in checking the spread of the disease. In the beginning of an outbreak all the resources of disinfec-

tion should be exhausted and these efforts should be continued until the epidemic is fully established. After the epidemic has subsided disinfection is of very questionable value.

(14) The disinfecting agents most to be trusted are heat, especially moist heat, cold, both artificial and natural, and especially cold weather and frost; and certain chemicals, especially the bichloride of mercury and the fumes of burning sulphur. To these must be added ventillation.

(15) The disinfection of beds, bedding, clothing, and articles of similar character, is comparatively easy. The disinfection of single rooms, and perhaps, also, of single houses, is more difficult but not entirely impracticable. The disinfection of yards must be regarded as very difficult, but in the beginning of an outbreak it should be attempted. The disinfection of a whole city, or even of a large section of a city, seems not to be practicable.

DEPOPULATION.

(16) In the beginning of an outbreak of yellow fever there is no need of depopulation at all, except of infected houses, or infected districts; but if people who are able to afford the expense desire to leave they should do so quietly and deliberately, and no obstacles should be placed in their way; and those who leave healthy districts of the city or town should go wherever they please, without let or hindrance.

(17) Persons living in infected houses, or in infected districts should be encouraged to leave, but should be allowed to leave only under such restrictions as will afford reasonable guarantees of safety to the communities in which they find asylum; and they should be sent only to such communities as are willing to receive them.

(18) In the depopulation of infected houses or of special infected districts, the inhabitants should be removed into camps of probation, or into vacant houses in the adjacent country. After five days detention, if they remain well, and under proper regulations, such as disinfection of baggage, they should be considered free from danger, and allowed to go freely into any community willing to receive them.

(19) The depopulation of large cities is altogether impracticable. The depopulation of sparsely settled towns and villages is altogether unnecessary, as in them it is always possible to prevent any general spread of the fever.

(20) Refuge camps, that is to say, camps for the continued residence of people during the prevalence of epidemics, have heretofore been of very small value. One reason for this is that it is never possible to induce any considerable proportion of the population of an infected city to take refuge in the camps. Camps of probation, for temporary detention, may often be very useful.

(21) Panics and stampedes are always without excuse, and at the same time excessively mischievous. At the beginning yellow fever always spreads slowly; and there is always time for every body who desires to leave an infected place to do so without hurry, and under proper regulations.

SHOT GUN QUARANTINES.

(22) Shot gun quarantines are barbarous, and discreditable to our civilization. All quarantines should be under the control of experts.

HEALTH CERTIFICATES.

(23) Health certificates should be required only in the case of persons leaving an infected place. They should be issued only by the health official in charge of the infected place. In each certificate the person to whom it is issued should be so described as to admit of his identification, and should state the facts of the case fully and circumstantially. And to such certificates full credence should be given by all health authorities. We must have honesty and mutual confidence amongst those charged with the protection of the public health.

PLACES OF REFUGE.

(24) Under proper regulations refugees from infected places may be allowed to go anywhere without danger of carrying

infection with them, and should generally be allowed to do so. Still, it is better that they should go to cooler and more northerly climates, and into states and cities not ordinarily subject to yellow fever. In regard to this matter, a great deal depends on the season of the year. In June or July precautions may be wise that would be entirely unnecessary in September or October.

WHEN REFUGEES MAY RETURN.

(25) In most of our southern communities refugees from an infected place may return safely after the appearance of a killing frost. In the present state of our knowledge it is not possible to say whether or not frost kills the yellow fever poison, but the experience of many hundreds of epidemics shows beyond all controversy that it puts an end to the prevalence of the fever.

(26) Even in places where no frost is ever known, experience teaches that after the subsidence of the fever for a reasonable time there is no longer any danger. When the fever disappears the danger of contracting the fever disappears also.

HIBERNATION.

(27) In the extreme southern parts of our country, and in very mild winters, it is possible for yellow fever to live through the winter months and to become epidemic again on the advent of the following summer. But in all such instances it is kept alive by the occasional occurrence of scattered cases—cases springing up here and there at intervals of only a few weeks. It does not hibernate in any other way than this. It never goes to sleep when the cold weather comes in the autumn, to sleep for three, four or six months, and to be awakened into malignant life when the hot weather comes the next summer.

FINANCIAL MANAGEMENT.

(28) In yellow fever epidemics, as under other circumstances, all self-respecting persons and all self-respecting communities should pay their own expenses, and take care of them-

selves just as long as they are able to do so, and the aid of public charity should be invoked only in cases of real necessity.

(29) In yellow fever epidemics physicians should make their regular charges, just as in the treatment of other diseases, against all persons who are able to pay; and neither physicians, nor medicines, nor nurses, nor provisions, nor any assistance of any kind should be furnished at the public expense to any persons except those who are really in indigent circumstances. To help those who are able to help themselves is an abuse of public charity.

(30) The administration of the quarantine laws should always be under the direction of the legally constituted health authorities of the community to be protected. The health authorities may make mistakes, but they will make fewer mistakes than the political authorities will make. As quarantines are at present conducted in many of the states, the aggregate of quarantine expenses is much greater than there is any necessity for.

(31) The quarantine of small towns is a very simple problem, and may be managed without much expense. As the population increases the problem becomes more and more difficult; and in very large cities it requires for its wise solution the highest expert skill, and abundant means.

(32) There are two sorts of quarantine fundamentally distinct—the police quarantine and the scientific quarantine. The purpose of the police quarantine is to exclude everything coming from the infected locality. The purpose of the scientific quarantine is to exclude only such things as are dangerous. Very often, especially for the protection of small communities, the police quarantine is the only one that is available. But as far as circumstances will admit of it, the scientific quarantine, under the management of quarantine experts, should always be preferred.

(33) Local quarantines, that is to say the separate quarantine of towns and counties, should, as far as circumstances will warrant, be superseded by state quarantines, and this on the grounds alike of economy, efficiency, and convenience.

THE EXEMPTION OF THE STATE HEALTH OFFICER FROM QUARANTINE RESTRICTIONS.

It is well known to all yellow fever experts that it is quite possible to transport from a place infected with yellow fever to any healthy community, and without placing said community in danger, any specified person, whether he has previously had yellow fever or whether he has previously not had yellow fever.

In the case of a person who has not previously had yellow fever two precautions are necessary; (1) detention for a sufficient length of time to cover the period of incubation of yellow fever; (2) such treatment of the person, clothing and baggage as will relieve them from any taint of yellow fever infection.

In the case of a person who has previously had yellow fever all quarantine detention may be omitted, second attacks of yellow fever being so extremely infrequent that for all practical purposes they may be left out of the account.

While these propositions are generally true, and while they would dominate the policy of a strictly scientific quarantine, it may not always be expedient to endeavor to carry them into practice, regard being had to the circumstances of special cases.

But there are cases in which it is desirable and expedient that all quarantine regulations involving detention should be suspended; and very specially is this true in regard to the state health officer. He is well known; he has had yellow fever; he understands how to free himself from infection; and he has too much at stake to omit any necessary precaution. He could not afford to carry yellow fever into any community in the state; and there may be some very urgent cause requiring him to travel for the public welfare.

Take a few instances in illustration: There is a report of yellow fever in some of our towns. It is his duty to go and investigate the report. Suppose he finds that yellow fever has in fact invaded the town, is he then to be locked up there indefinitely? Such a policy is not necessary for the protection of the public health, and would often be inconsistent with

the public welfare. Ordinarily he would not desire to leave the infected place very soon; but he should be allowed to leave it if sufficient occasion should arise. Suppose while he is in a town known to be infected, when suspicious cases of fever occur in some other town in which there are no yellow fever experts, public apprehension is aroused, and it is important that the true character of the suspected cases should be authoritatively determined; and this to the end that if it is yellow fever other communities may promptly institute measures for their protection; and to the end that if it is not yellow fever other communities may be saved from useless and unnecessary expense.

It may be said that some expert from an uninfected town may be sent to make the investigation. But no such physician can afford to go on such a mission, because, if he finds yellow fever he will not be allowed to return to his home and his business until he has undergone the usual quarantine detention. In 1878, Drs. Gaston and Weatherly were sent by the city of Montgomery to investigate some fever in Louisville. They reported that it was yellow fever, and thereupon were not permitted to return until after serving a period of quarantine detention. There was no understanding of this sort when they left home. The detention was entirely unnecessary, as both gentlemen had previously had yellow fever; and the result is that they could not be induced to go on another such mission, no matter how great the anxiety of the people of Montgomery to know the truth.

Last year, 1888, Dr. O. S. Iglehart, of Vicksburg, went to Jackson to help determine the character of some cases of fever there. He notified his people that it was yellow fever. His reward was that he had to remain away from home for twenty days. Here again it was perfectly well known that Dr. Iglehart had had the fever. He had demonstrated by active practice in several epidemics that he was fever proof. His detention for twenty days was a piece of unmitigated folly.

In view of the facts and principles to which we have called attention, we respectfully recommend the adoption of the following resolution:

Resolved, That it is the opinion of the state board of health that the state health officer, in the discharge of his official duties, should not be submitted to quarantine detention, but that he may be safely allowed to go wherever his official duties may call him after exposure to yellow fever, provided he travels without baggage and makes use of the usual precautions in regard to his person and clothing.

EXPENDITURES.

THE STATE BOARD OF HEALTH,
In Account with the State of Alabama.

1888.			Dr.
May 1.	To cash from Auditor		$ 250 00
June 4.	" "		250 00
July 2.	" "		250 00
Aug. 2.	" "		250 00
Sept. 1.	" "		250 00
" 30.	" "		100 00
Oct. 3.	" "		150 00
Nov. 7.	" "		250 00
Dec. 3.	" "		250 00
1889.			
Jan. 5.	" "		250 00
Feb. 2.	" "		250 00
Mar. 1.	" "		250 00
" 30.	" "		250 00
	Total receipts to April 1st		$3,000 00

1888.	CREDITS.	
April 2.	By postage	$ 5 00
11.	postage	4 00
21.	postage	5 00
28.	postage	5 00
May 1.	Health Officer's salary (April)	150 00
1.	clerk's salary for April	50 00
1.	cash paid Brown & Co	50 00
1.	box rent	50
5.	postage	5 00
28.	postage	1 00
30.	postage	1 00
31.	postage	5 00

June	4.	By Health Officer's salary (May)	$ 150 00
	4.	clerk's salary for May	50 00
	6.	postage	5 00
	23.	postage	5 00
July	2.	Health Officer's salary (June)	150 00
	2.	clerk's salary for June	50 00
	2.	postage	5 00
	2.	box rent, P. O.	1 50
	6.	cash paid Brown & Co	50 00
	11.	postage	5 00
	23.	postage	5 00
	30.	cash to Health Officer, trip to Mobile	13 30
	30.	postage	5 00
	30.	telegram to J. P. Wall (Ocala)	1 40
	30.	answer to same	1 40
Aug.	2.	Health Officer's salary (July)	150 00
	2.	clerk's salary (July)	50 00
	3.	postage	5 00
	9.	two telegrams	50
	10.	two telegrams	80
	16.	postage	5 00
	21.	telegram to Calera	40
	21.	R. R. fare to Calera	1 90
	21.	supper and bed, Calera	1 00
	22.	R. R. fare Calera to Montgomery	1 90
	23.	telegrams—Flomaton	1 35
Aug.	24.	postage	5 00
	31.	postage	5 00
	31.	telegrams—Flomaton	65
Sept.	1.	Health Officer's salary (August)	150 00
Sept.	1.	clerk's salary for August	50 00
	6.	one dozen Advertisers	50
	10.	postage	5 00
	18.	telegram	45
	21.	telegram	1 55
	21.	telegram	1 20
	22.	telegram	40
Oct.	3.	postage	1 00
	3.	telegram	90
	3.	telegram	1 10
	3.	telegram	40
	3.	telegram	20
	6.	Health Officer's salary (September)	150 00
	6.	clerk's salary for September	50 00
	6.	postage	2 00

Oct.	18.	By postage	$ 1 00
	21.	postage	2 00
	21.	drayage	25
	27.	postage	1 00
Nov.	7.	Health Officer's salary (October)	150 00
	7.	clerk's salary for October	50 00
	7.	postage	2 50
	12.	express	25
	20.	postage	1 50
	20.	box rent, P. O	1 50
Dec.	1.	postage	6 00
	1.	two telegrams, Camden	90
	3.	Health Officer's salary (November)	150 00
	3.	clerk's salary for November	50 00
	7.	cash paid Brown & Co	100 00
	12.	postage	5 00
	17.	postage	5 00
	24.	postage	5 00
	27.	cash to Joel White	11 45
	27.	cash to A. P. H. A	14 00
Jan.	2.	postage	5 00
	2.	box rent, post-office	1 50
	5.	Health Officer's salary, (December)	150 00
	5.	clerk's salary, (December)	50 00
	10.	postage	5 00
	11.	package to Camden	20
	17.	postage	2 00
	21.	express on yellow fever pamphlets	3 25
	21.	postage	10 00
	23.	postage	5 00
Feb.	2.	postage	5 00
	5.	Health Officer's salary, (January)	150 00
	5.	clerk's salary for January	50 00
	6.	express on four packages	1 00
	9.	postage	4 00
	13.	express on three packages	75
	16.	postage	5 00
M'ch	1.	Health Officer's salary, (February)	150 00
	1.	clerk's salary for February	50 00
	1.	postage	5 00
	8.	postage	5 00
	12.	postage received from Dr. Ruckel for binding examination papers	1 00
	20.	cash paid Brown & Co	125 00
	20.	one dozen Advertisers	50

Mar. 29.	By	postage	$ 5 00
30.		Health Officer's salary, (March)	150 00
30.		clerk's salary for March	50 00
30.		postage	1 60
30.		cash paid Brown & Co	28 55
		Total credits to April 1, 1889	$3,000 00

RECAPITULATION OF EXPENDITURES.

Health Officer's salary from April 1, 1888, to April 1, 1889	$1,800 00
Clerk's salary for same time	600 00
Postage for same time	170 00
Miscellaneous for same time	76 45
Amount paid for printing	353 55
Total	$3,000 00

GENERAL RECAPITULATION.

To total receipts from April 1, 1888, to April 1, 1889	$3,000 00
By total expenditures	3,000 00

THE WORK OF THE COUNTY BOARDS OF HEALTH.

Autauga county.—There has been very little change in the methods and results of the work of collecting vital statistics in Autauga county. There seem to be some special difficulties in the way of establishing the beat system there in its integrity; and until this can be done we cannot expect to get complete returns of the births and deaths. In the meantime it is certain that if the doctors of the county would put their shoulders to the wheel in good earnest all the difficulties referred to would soon pass away. The returns from the town of Prattville are, as usual, complete. Dr. S. P. Smith acted as county health officer for the year under review; but has now been superceded by Dr. LeRoy J. Simpson, of Autaugaville. The health officer's salary is one hundred dollars a year.

Baldwin county.—The work in this county has gone on during the past year about as heretofore. Two of the physicians of the county have been habitually negligent of their duty under the law—a distinction of which no physician can afford to be proud. It is to be hoped that these physicians can be induced to do better during the current year. Dr. E. L. Marechal is still the county health officer, and has manifested commendable energy in the discharge of his official duties. The board of county commissioners have recently voted him an annual

salary of two hundred dollars, an amount that will justify him in giving more time to the supervision of the work, which consequently may now be expected to improve.

Barbour county.—This is one of the counties to which the special attention of the State Board was called at our last annual session, and in regard to which special action was taken. The result of this has been that the Barbour county board has elected a county health officer, and has again engaged in the collection of vital statistics. A tolerably complete medical directory for the county has been prepared, and the monthly reports have been sent in from the first of the present year. Dr. W. H. Robertson is the county health officer. His salary is three hundred dollars a year—a sum that ought to secure good work.

Bibb county.—In regard to this county we can only repeat the substance of what we said in our last annual report. During the past year nothing at all has been done in the way of collecting vital statistics. The county medical society has been in a *quasi* state of suspended vitality, and all of its duties have been more or less neglected. Recently, however, the society has had a meeting and filled out its complement of officers. We can only express the hope that they will now resume the discharge of their duties as a county board of health.

Blount county.—There has been considerable improvement in our work in Blount county. The directory has been improved, the monthly reports have come in regularly, and the returns of births and deaths for 1888 have been fuller than for the previous year. We hope this improvement will continue, and by the close of the current year this county will be in a satisfactory condition. Dr. Joseph F. Hendricks was health officer for the year just past, with an annual salary of seventy-five dollars—the first salary ever paid a health officer in this county. Recently Dr. W. M. Cole has been appointed county health officer.

Bullock county.—In this county the collection of vital statistics continues to be admirably done, and the county board of health is alive to all of its duties. Dr. R. H. Hays is still the county health officer. He receives an annual salary of one hundred and fifty dollars; and the county furnishes the necessary blank books for registration and other uses. For the board of health, the efficient county health officer, and the county commissioners we have only words of praise.

Butler county.—In this county the work of collecting vital statistics goes on about as heretofore. The work is tolerably well done, but it is not perfect. We think a little more effort on the part of all concerned would soon make it so, and we hope this additional effort will be made. Dr. Job Thigpen continues to act as county health officer.

His salary last year was ninety dollars. He ought to be more liberally paid.

Calhoun county.—During a part of last year our work in Calhoun county was not on a satisfactory basis. It has, however, greatly improved during the last few months, and is now moving on smoothly and well, and promises soon to be of such character as to place this county near the head of the column. Dr. Jno. M. Crook has been re-elected county health officer. His salary is one hundred and fifty dollars a year. So wealthy and populous a county as Calhoun should pay at least two hundred dollars and furnish all the needful books.

Chambers county.—In regard to this county we are under the disagreeable necessity of repeating what we said in our last year's report, namely: "In this county the board of health is strangely negligent of its duty, and there is no excuse for it." The state health officer has exerted himself to bring about a better state of affairs, but so far without success. There are quite a number of doctors in the county, and they are well scattered, so that everything is favorable for efficient work. All that is needed is an efficient health officer, the present nominal incumbent of that position being a complete failure. The board of health of the county deserve severe censure for their failure to discharge their duty.

Cherokee county.—The work of collecting vital statistics in this county has gone regularly on, improving slowly. There is still room for improvement. Perhaps as much has been done as could have been reasonably expected under the circumstances, but we hope more earnest efforts will be made this year. Dr. A. M. McWhorter is still the county health officer.

Chilton county.—No work in our line has been done in this county during the past year. The county board of health has been inexcusably negligent of their duty. There is no special difficulty in the way except the want of a leader. There is not a county in the state in which the collection of vital statistics could be more easily accomplished. The doctors composing the medical society should be ashamed of themselves, and do penance in sack cloth and ashes.

Choctaw county.—During the past year our work in this county has not improved. We have a good medical directory for the county, and the monthly reports come in regularly. But the returns are still defective. We would urge upon the board the imperative duty which rest upon them to make an earnest effort this year to overcome the difficulties, whatever they may be, which have heretofore prevented the success of their work. Dr. R. B. Carr continues to act as county health officer.

Clarke county.—In Clarke our work has improved very greatly, and is now in a very satisfactory condition. The health officer is Dr. J. W. Armistead. His salary is sixty dollars a year. Considering the character of the work he is now performing the county commissioners should not hesitate to increase it largely.

Clay county.—During the past year our work in Clay county has gone on moderately well. We have received regular monthly reports, have a tolerably good medical directory, and the outlook is fairly good. Dr. W. O. Jenkins has been succeeded as county health officer by Dr. A. L. Harlan, who promises to be efficient.

Cleburne county.—In this county, as for several years past, no effort was made to collect vital statistics in 1888. Recently Dr. O. W. Shepard has been elected county health officer, and promises to use his best endeavors to secure success. We can not forecast the result.

Coffee county.—In this county nothing has been done in the way of the collection of vital statistics since the death of Dr. J. G. Moore, some eighteen months ago. This furnishes a striking illustration of how much may depend upon one man. Dr. Moore made the work a conspicuous success, and his death involved a great loss to us. There is no immediate prospect that this work will be renewed in this county.

Colbert county.—Last year again, after its traditional fashion, Colbert county made a failure in the collection of vital statistics. Some new blood has got into the county society, and put a little energy into it; so that now the outlook is very encouraging. Dr. S. J. Cooper is still the county health officer.

Conecuh county.—The collection of vital statistics in this county continues to be well done. Dr. A. A. McKittrick continues to be the county health officer, and still manages to get full returns of births and deaths. He deserves credit for his good word. His salary has been increased to two hundred dollars a year—a well deserved compliment to a faithful officer.

Coosa county.—In Coosa very little was done in 1888. Dr. Maxwell, the county health officer, was away for some months and the work did not flourish in the hands of his *locum tenens*. He has now resumed his place, and the outlook for the current year is fairly encouraging. His salary is one hundred dollars a year—a fairly adequate compensation for the work done.

Covington county.—This county was admitted into the association last year. No effort has been made in it yet for the collection of vital statistics; and considering the status of the county, sparsely settled, and with few doctors, it is not probable that much can be done in the near future.

Crenshaw county.—In this county our work has gone on regularly, but not with satisfactory results. We have for it a tolerably good medical directory, and the monthly and annual reports have been duly received. But the returns are imperfect and do not improve. Dr. F. M. T. Tankersly was county health officer during the past year. He has been recently succeeded by Dr. S. W. May. Up to this time this county has failed to pay anything to the county health officer.

Cullman county.—In this county very little was done last year. The county board elected Dr. M. L. Johnson county health officer, but he has made no reports.

Dale county.—The work in this county has dragged heavily, and the reports received have been very defective. Dr. J. C. Holman was county health officer in 1888. Since the beginning of the year no reports have been received. The health officer had no salary, and got tired of working for nothing. We are clearly of the opinion that the county board should not have abandoned this work.

Dallas county.—Better work was done in this county by far than ever before. This was due to the energy and tact of Dr. Jno. A. McKinnon, the county health officer. Dr. McKinnon has been superseded by Dr. M. W. Coleman. The annual salary of the county health officer is two hundred and forty dollars.

DeKalb county.—Our work in this county has improved somewhat, but is not yet on a satisfactory basis. The monthly and annual reports are received regularly, but the returns are quite defective. Dr. T. J. Weaver is county health officer. He has no salary.

Elmore county.—The work in this county has improved and the prospect is that it will continue to improve. We have for it a good medical directory, and the reports are regularly made. Dr. O. S. Justice continues to act as county health officer. He receives no salary as yet, but the time has now come when the county commissioners should award him a fair recompense for his services.

Escambia county.—In this county during the past year the collection of vital statistics was very well done. The county is well organized, has a good medical directory, and if the county health officer is not mistaken the returns have been about complete. Dr. A. C. Hundley was county health officer until recently, when he was succeeded by Dr. S. C. Henderson. The health officer's salary is one hundred dollars a year.

Etowah county.—In this county there was last year a decided retrogression in our work under Dr. J. N. Kittrell as county health officer. The reports came in with tolerable regularity, but were quite defective. Dr. M. R. Wright was restored to the position on the first of January,

with the result that considerable improvement is already manifest. His salary is two hundred and twenty-five dollars a year.

Fayette county.—The improvement of our work in this county has been rapid and lasting under the energetic management of Dr. T. B. Woods, the county health officer, and the outlook is encouraging. The health officer's salary is one hundred dollars a year.

Franklin county.—The board of health of Franklin county have appointed a county health officer, Dr. W. W. Cleere, but he has never made a report.

Geneva county.—This county was admitted into the association last year. Dr. T. J. Ward has been elected county health officer. He has got up a pretty fair directory for his county, but as yet has made no reports. His salary is twenty dollars for this year.

Greene county.—The county of Greene, as is well known, has been negligent of its duties under the health laws of the state for the last four years. It is one of the counties that was specially complained of in our annual report for last year. The county board have concluded again to enter the field; and have elected Dr. T. W. Pierce county health officer.

Hale county.—We had occasion in our last report to remark on the decline of our work in Hale county; and upon the neglect of his duties by Dr. W. C. Avery, the county health officer. This negligence on his part continued and grew more flagrant during the past year. Recently he has been superseded by Dr. Jacob Huggins. The annual salary of the health officer is one hundred and fifty dollars.

Henry county.—It was our disagreeable duty in our last report to have to speak of the collapse of our work in this county. Since then a spasmodic effort was made to have the work resumed, but it amounted to nothing. In this county the collection of statistics should be well done. There is nothing in the way except a demoralized medical profession. Dr. J. I. Darby is the nominal county health officer.

Jackson county.—Our work in Jackson county was gradually improving until the beginning of last year, when the board of health elected an incompetent man to be county health officer, with the results that last year's statistics are of no value. With the beginning of this year they elected Dr. Andy Boyd as county health officer. Already he has put the collection of statistics in this county on a better footing than it ever had before; and the outlook for the future is very encouraging. His salary is one hundred dollars a year.

Jefferson county.—During the past year there has been a marked improvement in our work in Jefferson county. It is still defective in some of its details, but on the whole is fairly well done. We hope that

before the end of this year all these defects will be overcome. Dr. J. C. Dozier has been re-elected county health officer. His salary is six hundred dollars a year.

Lamar county.—In this county the work of collecting vital statistics continues to be fairly well done, but it is not so complete as we would like to have it. Dr. Redding is still the county health officer.

Lauderdale county.—This county was organized two years ago, and has a county health officer, but he has never made any reports. It is a populous county, and has a full supply of doctors, and is one of the counties in which the collection of statistics should not be neglected any longer.

Lawrence county.—In this county our work is tolerably well done, but is still defective. There has been no great change in it during the past year. Dr. F. S. McMahon is still the county health officer.

NOTE.—Since the above was written, Dr. F. S. McMahon has died, and has been succeeded by the brother Dr. W. J. McMahon.

Lee county.—The work in Lee last year turned out a complete failure. Dr. Charles B. McCoy was elected county health officer, and has not made a single report. The Lee county society should do better than this.

Limestone county.—This county is not in a satisfactory condition. We get reports from it occasionally in the course of the year, and always get the annual report. The board of health has never conformed to the rules of the state board in regard to the beat system. Dr. W. J. Hagan is the county health officer.

Lowndes county.—Our work in Lowndes continues to be thoroughly well done. Dr. Shirley Bragg is still the efficient county health officer. His salary is six hundred dollars a year.

Macon county.—This is one of the counties in regard to which the state board, at our last annual session, took special action. The result of our remonstrance was that the Macon board elected a new county health officer, Dr. Jno. H. Gautier; but nothing else has been done. We recommend that this board be again earnestly requested to go to work and make some reasonable effort towards the discharge of its duties.

Madison county.—In this county the improvement in our work has been marked. The situation is satisfactory, and there is good prospect that the improvement will continue. Dr. S. H. Lowery is the county health officer. His salary is two hundred dollars a year.

Marengo county.—The work in this county is still in a state of collapse. Dr. Arnold Jolly is still the county health officer. He has sent in

no report for a year and a half. This year he sent in a report for January, but it was so defective it had to be sent back. This county ought to do better.

NOTE.—Since the above notice was written Dr. C. B. Thomas has been elected health officer of Marengo county.

Marion county.—This is one of the newly organized counties. The county board have undertaken the collection of vital statistics, but not yet in a systematic way. They have no medical directory, and cannot be expected to succeed without it. Dr. Warren Guyton is the county health officer.

Marshall county.—Our work in Marshall has never been on a satisfactory footing. We are now getting monthly reports, but they are very defective. Dr. W. M. Ricketts is the county health officer. He gets no salary.

Mobile county.—At our last annual session the State Health Officer was instructed to insist on monthly reports of vital statistics for the city of Mobile from the Mobile board of health; and if it should become necessary, to secure legal advice, and sue out an injunction to compel said board to do its duty in this regard. In accordance with these instructions correspondence was opened with the Mobile board which took the matter under consideration. After much discussion and consultation of lawyers, the society, acting as a county board of health, ordered the committee of public health to make the reports demanded. Monthly reports were accordingly sent in for six months—from July to December, both inclusive. Since the beginning of the present year no reports have been received. It is greatly to be regretted that this board is so persistently negligent of its duties under the law. It is one of the leading boards of the state, and should set a better example. We respectfully recommend that the instructions of last year in regard to this board be renewed and continued in force so that if it should be found necessary, the proper legal steps may be taken to vindicate the authority of the state board.

NOTE.—Since the foregoing notice was written, Dr. D. C. Randle has been elected health officer of Mobile county, and proposes to make all the required reports. His salary has been fixed at three hundred dollars.

Monroe county.—Our work continues to be well done in Monroe, although there are still some defects in the returns from two or three beats. Dr. McMillan is still the county health officer, and deserves praise for the high degree of success he has attained. We hope he will not be satisfied untill he has conquered the difficulties in the two or three defective beats. The health officer's salary is one hundred dollars.

Montgomery county.—In our last annual report we had occasion to call special attention to the delinquency of the board of health of this county, and were authorized to insist that they should comply with the requirements of the law. The result has been that a new health officer was elected, and the collection of vital statistics resumed. We have a partial medical directory for the county; the monthly reports have been regularly made since July; and there is now some further promise of improvement. Dr. P. H. Owen is the county health officer. There is an appropriation to defray the expenses of the office, but as yet none for the health officer's salary.

Morgan county.—In this county our work has gone on about as usual. It is done tolerably well, but ought to be done better. It is perfectly possible to place this county in the front rank. Dr. B. F. Cross is still the county health officer. His salary is one hundred and fifty dollars.

Perry county.—During the early part of last year our work in Perry county grew from bad to worse and finally collapsed entirely. A new county health officer, Dr. E. B. Thompson, has been elected this year. It remains to be seen whether he will succeed or not.

NOTE.—Since the above was written Dr. C. A. Thigpen has been elected health officer of Perry county.

Pickens county.—In our report last year we stated that the work in Pickens had been virtually abandoned. In May the board elected a new county health officer, Dr. J. C. H. Jones. He went to work very energetically and for a few months his success was very marked. Suddenly he ceased to make his monthly reports, and, of course, the usual result followed. He promises to do better this year.

Pike county.—In this county our work has steadily improved. There are still some defects in the organization of some of the beats, which we hope will be spedily overcome. This county could easily do perfect work. Dr. P. H. Brown is still the county health officer.

Randolph county.—The hopes we expressed last year in regard to our work in Randolph have not been fulfilled; Dr. Heflin went to New York to attend lectures, leaving the county without a health officer. Since the first of the current year a new health officer has been appointed, Dr. P. G. Trent, Jr. We can only hope he will make the work a success.

Russell county.—No reports have been received from this county for many months. It is quite possible to collect vital statistics in this county; and it is to be hoped that the county board of health will soon resume work.

Shelby county.—Our experience in Shelby has been unfortunate. In 1887 Dr. Gunn, who was then county health officer, brought the work

to a high degree of excellence. He gave up the place, and for a while the work languished. Dr. Geddings was then elected, and succeeded very well. During the course of last year he resigned, and left the state. Dr. J. R. Morgan was his successor, but has done nothing. It has been demonstrated that success is entirely feasable in this county, and there is no excuse for the failure that has occurred.

St. Clair county.—In our report for 1887 we were forced to give an unfavorable account of our work in this county. We are glad to say that during the past year it has been completely redeemed; and it is now in a very satisfactory condition. This is due to the efficient management of the present county health officer, Dr. D. E. Cason.

Sumter county.—We had in our last annual report to give an unfavorable account of our work in this county. We are sorry to have to say that it continues to be unsatisfactory. Dr. W. H. Sledge is still the county health officer. His salary is one hundred dollars a year.

Talladega county.—The improvement of our work in this county has been considerable; and the outlook is favorable for still better work in the future. Dr. B. B. Simms is still the county health officer.

NOTE.—Since the above was written, Dr. Simms has resigned and Dr. W. F. Thetford has been elected county health officer. His salary is two hundred dollars a year.

Tallapoosa county.—There has been some improvement in this county but not as much as there ought to have been. Dr. J. A. Goggans is the county health officer. His salary is one hundred dollars. His great fault is his negligence and procrastination. It has proved to be impossible to get him to send in his reports regularly and promptly. It is quite possible to put this county in the front rank.

Tuscaloosa county.—The condition of our work in this county is about the same as it was last year. In other words, while the reports are regularly made, they are quite defective, and do not improve. Dr. O. H. Burton is the county health officer, and his salary is one hundred dollars.

Walker county.—In this county nothing has been done for several years in the way of collecting vital statistics. Dr. A. M. Stovall is still the county health officer. His utter failure to discharge the duties of the office is not at all to his credit. Nor is it to the credit of his board that they allow this state of affairs to continue.

Washington county.—In this county no attempt to collect vital statistics has ever been made. Dr. John Gordon is the county health officer.

Wilcox county.—Our work in this county goes on about as usual. We have a good county directory, with beat officers in all the beats, and the

monthly reports are regularly made. Dr. Kilpatrick, the county health officer, seems anxious to do his whole duty, but he has succeeded only moderately well. His salary is one hundred dollars.

Winston county.—This county was organized last year. We have for it a good medical directory, the monthly reports come in regularly, and the outlook is encouraging; all of which is due to Dr. Thomas P. Deweese, the county health officer.

PART IV. SUPPLEMENTARY PAPERS.

THE WORK OF THE MONTGOMERY QUARANTINE CONFERENCE.

We have gathered together all the resolutions adopted by the Montgomery Quarantine Conference, and herewith present them in the order in which they were adopted. This is by no means their natural order of arrangement. A natural arrangement and a little judicious editing would have made them appear to much better advantage. The numbering of the sections is broken and disjointed, not because any of those passed have been omitted, but because some of the sections offered were not adopted, and hence do not appear in this collection.

It is important to remark here that these propositions have not been indorsed by the Alabama state board of health, said board having its own well-digested code of quarantine regulations, which is not greatly different from that adopted by the conference.

PROPOSITIONS ADOPTED BY THE QUARANTINE CONFERENCE.

Resolved, That this convention urges upon all health authorities of states represented in it the importance of strict compliance with the agreement of inter-state notification adopted by the National Conference of State Boards of Health, and the Sanitary Council of the Mississippi Valley, in regard to all communicable diseases, and especially in regard to yellow fever.

Resolved, In the beginning of an outbreak of yellow fever there is no need of depopulation at all, except of infected houses, or infected districts; but if people who are able to afford the expense desire to leave they should do so quietly and deliberately, and no obstacles should be

placed in their way; and those who leave healthy districts of the city or town should go wherever they please, without let or hindrance.

(2) Persons living in infected houses, or in infected districts, should be encouraged to leave, but should be allowe d to leave only under such restrictions as will afford reasonable guarantees of safety to the communities in which they find asylums; and they should be sent only to such communities as are willing to receive them.

(3) In the depopulation of infected houses or of special infected districts, the inhabitants should be removed into camps of probation, or into vacant houses in the adjacent country. After ten days detention, if they remain well, and under proper regulations, such as disinfection of baggage, they should be considered free from danger, and allowed to go freely into any community willing to receive them.

Resolved, During the prevalence of yellow fever epidemics, passengers and freights should be brought from infected localities only under such regulations and restrictions as may be established by the state health authorities along the lines of roads concerned.

(2) The regulations and restrictions governing railroad transportation during yellow fever epidemics, should be of such a character as to afford all reasonable guarantees of protection to the communities in danger of invasion by the disease, but should not be more onerous than the circumstances warrant, and should be framed with due consideration of the extent and character of the danger in each particular case, and as affected by latitude and seasons of the year, and other qualifying conditions.

(3) At all seasons of the year, and under all circumstances, the simple passage of railroad trains should be allowed, without obstruction, even when carrying sick refugees from infected places to healthy localities willing to receive them.

Sec. 2. A well digested quarantine formula, making and promulgating the necessary rules and regulations for enforcing the same, should be prepared, ready to be put in force when necessary to do so, at all points where it is necessary to put quarantine in force. These rules should be published for general information, to enable all persons to comply with the same, and displayed by placard in every depot.

Sec. 3. At quarantine stations accommodations should be provided for caring for such persons, if any, as may be detained or are not permitted to pass through such stations, while in transit, until they can be disposed of.

Sec. 4. Only competent physicians, who have had experience with contagious and infectious diseases, should be made inspectors at quarantine stations, whose duty it shall be to inspect and examine the condition of passengers, baggage and express matter. All inspectors should have the power to administer oaths, and to remove from the trains, and detain at quarantine stations such passengers, baggage or express mat-

ter, &c., as may be found necessary to prevent the introduction or spread of infectious or contagious diseases of any kind.

5. State boards of health should be the powers authorized to put quarantine in force. They should determine when, where and for what length of time quarantines should be maintained; provide the means necessary for enforcing the same, and promulgate rules and regulations for conducting quarantines.

Presidents and secretaries of state boards should be required to visit and inspect all quarantine stations as often as practicable, during the existence of such quarantines; and to make public, over their signatures and official positions, the general condition of the public health at the points where quarantines are established, and the localities affected by such quarantines. Local health officers, municipal or county authorities, may establish quarantine regulations, conferring with the state board, if deemed necessary, for co-operation. The regulations for governing local quaranties should not be in conflict with the rules and regulations adopted by the state boards of health for enforcing quarantine regulations.

Sec. 5. The refuge stations as at present operated on the sea-coast of the United States are, in the opinion of this body, of infinite service, and we would recommend their continuance in a full equipment for all requirements.

Sec. 10. Railroad agents on roads under quarantine surveillance at way stations should be required to refuse to sell tickets to any persons who can not show that they have not in twelve days been exposed to any source of infection, and conductors should be required by law to refuse to transport passengers from way stations who are not supplied with tickets.

Sec. 11. Health certificates should be required from all persons whenever yellow fever prevails in this country. They should be issued only by the health official in charge of the place, under official seal, or, in the absence of such seal, under the seal of the municipal or county court where the certificate originates. In each certificate the person to whom it is issued should be so described as to admit of his identification, and should state the facts of the case fully and circumstantially. And to such certificates full credence should be given by all health authorities. We must have honesty and mutual confidence amongst those charged with the protection of the public health.

A uniform system of certificates should be adopted by boards of health. We would recommend the following form:

Health Certificate.

...., (Office of the Board of Health.)

.....(Date.)

Name.....

Residence..... .....

How long in.....

Destination..... .....

Have you or your baggage been exposed to yellow fever infection within the past thirty days? .....

I solemnly swear that the answer to the above question is true, so help me God.

[Seal.] Signed, ...

(Name of Applicant.)

Signed, ...(Official.)

Resolved, That this conference indorse the Holt quarantine and disinfection system, as at present operated at New Orleans, Louisiana, as the best one known for the prevention of the introduction of yellow fever into the ports of the United States, and recommend its uniform adoption.

Resolved, 1st, When one case or a few cases of yellow fever occur in any community, it does not follow of necessity that the disease must spread and become epidemic. On the contrary, the experience of many countries through long periods of time shows conclusively that in the majority of such instances, and without the observance of any special means of prophylaxis, the disease fails to spread.

2d. When one case or a few cases of yellow fever occur in any community, in the light of our present knowledge of the habits and modes of propagation of the disease, it is generally possible, by the employment of the proper prophylactic measures, to prevent the development of an epidemic.

3d. The golden rule for the prevention of yellow fever is non-intercourse—isolation—the keeping of the well away from the sick, away from infected things, and very especially away from infected localities.

4th. In the enforcement of this golden rule of non-intercourse two problems present themselves for solution. (*a*) To keep the people generally from coming into the infected houses and the infected localities; and (*b*) to keep doctors and nurses, and other attendants, and the well members of sick families, from visiting and mingling with people outside of the infected houses and localities. The solution of the first of these problems is comparatively easy. The solution of the second is sufficiently difficult. But it is possible to solve them both.

5th. In the densely settled sections of cities guards may be useful for the enforcement of non-intercourse. They are much less needed in sparsely settled towns. In villages and country neighborhoods, as a rule, they are not needed at all. In all cases every intelligent family should be able to take care of itself—should be able to keep all of its

members away from infected house and localities, and to guard its own premises from invasion by dangerous persons and things.

6th. Non-intercourse may be practiced in the very centre of an infected district with considerable probability of escaping the fever. Cloistered convents and persons in infected cities, with yellow fever raging all around them, usually escape invasion; and there are numerous instances on record in which private families in the midst of epidemics have passed the ordeal safely by the rigorous enforcement of non-intercourse.

Resolved, That this conference recommend that all approved methods of disinfection by means of personal and municipal cleanliness, by ventilation, fumigation, chemical affusion, destruction by fire of all infected or suspected things used during an epidemic of yellow fever and until the danger of its spread shall have passed, and that all fomites should be disinfected after the recovery of the sick.

We recommend as a basis of disinfection the processes as set forth by the committee on disinfectants of the American Public Health Association.

Resolved, That it is the sense of this conference, that the best form of disinfectant for personal baggage is moist heat.

WHEREAS, This quarantine conference has adopted the report of the committee on Inland Quarantine; therefore, be it

Resolved, That a committee of one from each state represented in this conference be appointed to prepare rules and regulations for governing quarantines, when it becomes necessary to put the same in force. And that such rules be published when prepared for the information of the public, and all persons to be affected thereby. And that state boards of health and health officers of states be requested to furnish such rules to the proper officers of municipal and county authorities for their information.

Be it Resolved, That the Secretary of the Treasury of the United States is hereby requested to increase the revenue patrol service on the coast of Florida to such extent as may be necessary to prevent smuggling.

WHEREAS, It appears by the report which Dr. Burgess has made to this conference, that sanitary inspection of vessels where yellow fever is endemic is of vital importance; therefore be it

Resolved, That this conference approves the plan of having medical inspectors attached to those consulates where yellow fever and cholera are endemic, with a view of securing for our protection definite information as to the exact sanitary condition, and the presence or absence of contagious diseases in such consular district. And that congress be urged to make the necessary appropriations to carry the plan into effect.

Be it resolved, That the United States government is hereby requested, if compatible with international and constitutional law, to enter into negotiations with Spain with a view of investing the United States sanitary inspectors at Spanish ports with such legal jurisdiction as may be necessary for the enforcement of such rules and requirements as are provided.

WHEN REFUGEES MAY RETURN.

1. After the occurrence of ice.

After the occurrence of three (3) killing frosts.

After the occurrence of no cases of fever for the period of two (2) weeks, and after thorough disinfection and ventilation of all localities infected, and bedding and such other articles as are capable of conveying germs.

Resolved, That this conference is of the opinion that it is a duty devolving on all nations to take measures to eradicate any plague centers from their territory, and that the existence of such plague centers is a menace to all other nations, and that our state department be requested to take measures through proper diplomatic channels for the conveyance of this opinion to the governments deemed obnoxious to the opinion as herein expressed.

RULES PREPARED BY THE COMMITTEE.

1. Quarantine should not be made against any place until it is officially known that yellow fever or other infectious or contagious disease exists at such place.

2. Only competent physicians should be put in charge of quarantine stations; and only thoroughly qualified persons should be employed as inspectors on railway trains.

3. Quarantine stations, located on railroads, should be established at convenient points, on one or both sides of a town or station, as may be deemed necessary.

4. If an epidemic of yellow fever, or other infectious or contagious disease, exist at a town or station, trains carrying passengers or freights should be required to pass through the limits of such towns or stations at a speed of not less than ten (10) miles per hour, without stopping at such towns or stations, but should stop at the quarantine station.

5. Passengers to or from such infected point should only be received or delivered at the quarantine station, under the supervision of the quarantine officer in charge of the station.

6. Railway tickets may be sold to persons leaving an infected place to any point willing to receive them.

7. All baggage from any infected point should be properly disinfected.

8. As far as practicable, the same rules proposed for railroads should

be applied to vessels of every kind, stage coaches, or other means of travel.

9. The passage of railroad trains through any point on the line of road, whether infected or not, should not be prohibited by any quarantine regulations. The conductors of passenger trains should close the windows and ventilators and lock the doors of cars passing through any place where a train is not permitted to stop.

10. All freight to any infected place should be delivered either at the quarantine station or the nearest railway station to such infected point, where it can be properly cared for.

11. All mail matter from any infected place should be properly disinfected by the United States government. And mail matter intended for infected points should be put off the trains at the quarantine stations. The United States government should instruct post-masters to receive and deliver mails at such quarantine stations.

12. Railroads and express companies may receive for transportation from any infected place, during the time such infection exists, any merchandise or traffic consigned to places willing to receive it.

13. State authorities should employ competent persons on passenger trains, as inspectors of passengers, baggage and express matter, as additional precaution; but the fact of inspectors being on such trains should not relieve trains carrying passengers, or express matter or baggage, from stopping at quarantine stations for such inspection as the officer in charge may determine to be necessary.

14. It is recommended that all quarantines, as far as practicable, should be uniform in their requirements and operations, which will greatly contribute to the prevention of panics, and tend to allay unnecessary excitement and fear on the part of the people.

15. The form of health certificate adopted by the quarantine convention, held at Montgomery March 5, 1889, should be prepared for health officers to issue to such persons as may be found entitled to receive the same. A copy of this certificate should be printed with these rules, and conspicuously posted at railway stations.

16. It is the desire and intention of health authorities, as far as practicable, to throw every safeguard around the public health of all localities. Municipal, county and state authorities are expected to co-operate in every possible way with health officers located in towns, villages and cities, and in charge of quarantine stations, to enable them to prevent the introduction or spread of yellow fever or other infectious or contagious diseases.

AN ACT [H. B. 200.

To amend sections one, two and eleven of an act entitled an act to regulate the practice of pharmacy and the sale of poisons in towns and cities of more than one thousand inhabitants in the State of Alabama.

SECTION 1. *Be it enacted by the General Assembly of Alabama*, That section one of an act entitled an act to regulate the practice of pharmacy and the sale of poisons in cities and towns of more than one thousand inhabitants in the State of Alabama, be amended so as to read as follows:

Section 1. Be it enacted by the General Assembly of Alabama, That from and after the passage of this act, it shall be unlawful for any person not a registered pharmacist, within the meaning of this act, to conduct any pharmacy, drug store, apothecary shop or store located in any village, town or city in the State of Alabama, of more than nine hundred inhabitants, or within two miles of any incorporated city or town of more than nine hundred inhabitants, for the purpose of retailing, compounding or dispensing medicines or poisons for medical use, except as hereinafter provided.

Section 2. *Be it further enacted*, That section two of an act entitled an act to regulate the practice of pharmacy and the sale of poisons in cities and towns of more than 1,000 inhabitants in the state of Alabama, be amended so as to read as follows:

Section 2. *Be it further enacted*, That it shall be unlawful for the proprietor of any store or pharmacy in any village, town or city, in the state of Alabama of more than 900 inhabitants, or within two miles of any incorporated city or town of more than 900 inhabitants, to allow any person, except a registered pharmacist, to compound or dispense the prescriptions of physicians, or to retail or dispense poison and medicines for medical use, except as an aid to and under the supervision of a registereed pharmacist. Any person violating the provisions of this section shall be deemed guilty of a misdemeanor, and on conviction shall be liable to a fine of not less than $25 nor more than $100 for each and every offense.

Section 3. *Be it further enacted*, That section 11 of an act entitled an act to regulate the practice of pharmacy and the sale of poisons in cities and towns of more than 1,000 inhabitants in the state of Alabama, be amended so as to read as follows:

Sec. 11. *Be it further enacted*, That this act shall not apply to physicians putting up their own prescriptions.

Approved February 20th, 1889.

C. C. LANGDON,
Secretary of State.

Official:

ACTION OF THE ASSOCIATION ON THE REPORT OF THE BOARD OF CENSORS.

The senior censor read the report of the board of censors and committee of public health by the several sections separately for the consideration of the Association. In this way the following votes were taken:

(1) The senior censor read the report of the board of censors in regard to the recommendations contained in the annual message of the president (see *ante* pp. 81–82), and moved its approval by the Association.

The motion was unanimously passed.

(2) The senior censor read the report of the board of censors in regard to the reports of the vice presidents (see *ante*, pp. 82–83), and moved its approval by the Association.

The motion was unanimously passed.

(3) The senior censor read the report of the board of censors in regard to the report of the secretary and the Book of the Rolls (see *ante* p. 83), and moved its approval by the Association.

The motion was unanimously passed.

(4) The senior censor read the recommendation of the board of censors in regard to the report of the publishing committee (see *ante*, p. 83), and moved its approval by the Association.

The motion was unanimously passed.

(5) The senior censor read the recommendation of the board of censors in regard to the report of the treasurer and the Book of Accounts, and also in regard to the treasurer's bond (see *ante*, pp. 83–84), and moved its approval by the Association.

The motion was unanimously passed.

(6) The senior censor read the recommendations of the board of censors in regard to the roll of correspondents, (see *ante*, p. 84), and moved their approval by the Association.

The motion was unanimously passed.

(7) The senior censor read the recommendation of the board of censors in regard to the revision of the minutes, (see *ante*, p. 85), and moved its approval by the Association.

The motion was unanimously passed.

(8) The senior censor read the recommendation of the board of censors in regard to the business reports from county societies (see *ante*, p. 85), and moved its approval by the Association.

The motion was unanimously passed.

(9) The senior censor read the recommendation of the board of censors in regard to a new rule of order (see *ante*, p. 85), and moved its approval by the Association.

The motion was unanimously passed.

(10) The senior censor read the recommendation of the board of censors in regard to part four of the censor's report (see *ante*, p. 85), and moved its approval by the Association.

The motion was unanimously passed.

(11) The senior censor read the recommendation of the board of censors in regard to the plan for electing counsellors by congressional districts (see *ante*, p. 86), and moved its approval by the Association.

The motion was unanimously passed.

(12) The senior censor read the recommendation of the board of censors in regard to the ordinance creating a library and museum (see *ante*, pp. 86-87), and moved the adoption of the ordinance by the Association.

The motion was unanimously passed.

(13) The senior censor read the recommendation of the board of censors in regard to binding the Book of the Rules

(see *ante*, pp. 87–88), and moved its approval by the Association.

The motion was unanimously passed.

(14) The senior censor read the recommendation of the board of censors in regard to paying for the button badges (see *ante*, p. 88), and moved its approval by the Association.

The motion was unanimously passed.

(15) The senior censor read the recommendation of the board of censors in regard to the administration of the law to regulate practice (see *ante*, pp. 93–94), and moved its approval by the Association.

The motion was unanimously passed.

(16) The senior censor read the recommendation of the board of censors in regard to the ordinance prescribing how to treat illegal doctors (see *ante*, pp. 94-95), and moved the adoption of the ordinance by the Association.

The motion was unanimously passed.

(17) The senior censor read the recommendation of the board of censors in regard to the quarantine propositions submitted by the state health officer (see *ante*, pp. 113-119), and moved the adoption of the propositions by the Association.

The motion was unanimously passed.

(18) The senior censor read the recommendation of the board of censors in regard to the exemption of the state health officer from quarantine restrictions (see *ante*, pp. 120-122), and moved its approval by the Association.

The motion was unanimously passed.

(19) The senior censor moved the adoption as a whole of the report of the board of censors as read.

The motion was unanimously passed.

THE REVISION OF THE BOOK OF THE ROLLS.

(1) The Revison of the Roll of County Societies.

The roll of the county medical societies was called in order, and all of them being satisfactorily accounted for by annual reports submitted, and payment of dues, were favorably passed upon, except the Marion county society, which was referred to the board of censors for investigation.

The roll of the county societies was here closed until the annual session of the Association, 1890.

(2) The Revision of the College of Counsellors.

THE GRAND SENIOR COUNSELLORS.

Dr. Edward D. McDaniel, of Camden, grand senior counsellor of 1873, reported last year as having been dropped from the rolls for non-payment of dues, is a mistake. He should have been recorded as dropped for non-attendance. The necessary correction was ordered to be made.

Dr. Mortimer Harvey Jordan, of Birmingham, Jefferson county, grand senior counsellor of 1873, having died during the year, his name was ordered struck from the roll.

SENIOR COUNSELLORS.

Dr. William Cyprian Cross, of Tuscaloosa, senior counsellor of 1882, tendered his resignation; but by reason of entering upon a contract practice his resignation was refused and his name ordered struck from the roll.

Dr. John Washington Pearce, of Oxford, senior counsellor of 1883, tendered his resignation by reason of ill health. His resignation was accepted and his name ordered struck from the roll.

Dr. Richard Procter Huger, of Anniston, junior counsellor of 1884, tendered his resignation. His resignation was accepted and his name struck from the roll.

Dr. George Calvin Norris, of Wadsworth, junior counsellor of 1886, having died during the year, his name was ordered struck from the roll.

COUNSELLORS ELECT.

The following counsellors elect having signified their acceptance, signed the pledge and paid their dues, their names were ordered to be added to the roll of junior counsellors under date of 1888.

Binford, Peter, Somerville, Morgan county.
Harlan, John Jefferson, Hackneyville, Tallapoosa county.
Hill, Luther Leonidas, Montgomery, Montgomery county.
Jones, John Culbreth Hezekiah, Stone, Pickens county.
Wheeler, William Camp, Cherokee, Colbert county.

Dr. Brice Martin Hughes, of Birmingham, counsellor elect of 1888, having died during the year, his name was not added to the roll.

The secretary announced that there were six vacancies in the college of counsellors, whereupon the ballot was ordered and resulted in the following selections:

Crook, John Martin, Jacksonville, Calhoun county.
Goode, Rhette, Mobile, Mobile county.
Hudson, William Henry, LaFayette, Chambers county.
LeGrand, John Clark, Anniston, Calhoun county.
Marechal, Edwin Lesley, Stockton, Baldwin county.
Toole, Barclay Wallace, Talladega, Talladega county.

The six senior counsellors whose names here follow, having served the Association as such for ten consecutive years, were ordered to be transferred to the roll of grand senior counsellors under date 1879:

Cross, Benjamin Franklin, Decatur, Morgan county.
Gaines, Vivian Pendleton, Mobile, Mobile county.
Herbert, Curtis Burke, Greenville, Butler county.
Hoffman, John Richardson, Athens, Limestone county.
Phillips, William Crawford, Selma, Dallas county.
Thigpen, Job, Greenville, Butler county.

The four junior counsellors, whose names here follow, having served as such for five consecutive years, were ordered to be transferred to the roll of senior counsellors under date of 1884:

Huggins, Jacob, Newbern, Hale county.
Jones, John Paul, Camden, Wilcox county.
Searcy, James Thomas, Tuscaloosa, Tuscaloosa county.
Trent, Powhatan Green, Rock Mills, Randolph county.

The roll of the college of counsellors was here closed until the next annual meeting of the Association, 1890.

(3) THE REVISION OF THE ROLL OF CORRESPONDENTS.

All the correspondents were satisfactorily accounted for and were ordered to be retained on the roll, except the following:

Dr. John F. Lynch, of Baltimore, having died during the year, his name was ordered struck from the roll.

The roll of correspondents was here closed until the next annual meeting of the Association in 1890.

(4) THE REVISION OF THE ROLL OF OFFICERS.

The secretary announced the following vacancies in the roll of officers, namely:

One president, one vice-president, two members of the board of censors and committee of public health for five years, one for two years, one orator, and one alternate orator; whereupon the ballot was ordered, and resulted in the following selections, namely:

President—Charles Higgs Franklin, M. D., Union Springs.

Junior Vice-President—Shirley Bragg, M. D., Lowndesboro.

Board of Censors and Committee of Public Health—Wild Scott DuBose, Columbiana, Edward Henry Sholl, Birmingham, for five years; Benjamin James Baldwin, Montgomery, for two years, to fill the unexpired term of Dr. Charles H. Franklin.

Orator—Henry Tutwiler Inge, Mobile.

Alternate Orator—William Camp Wheeler, Cherokee.

The roll of officers was here closed until the next annual meeting of the Association in 1890.

Birmingham was selected as the place for holding the next annual session, second Tuesday in April, 1890.

Installation of President.

The president elect, Charles Higgs Franklin, M. D., of Union Springs, was escorted to the rostrum by Drs. Jerome Cochran and William Henry Sanders of Mobile, and introduced to the Association by the retiring president, Dr. Milton C. Baldridge, in the following words:

Dr. Franklin—It is with more than ordinary pleasure I vacate this chair to one so worthy to occupy it as you are. You have won this, the highest honor the association can bestow, by your zeal and efficiency in the several positions held by you since your election as counsellor in this city in 1882. With this record, it is safe to say you will be more than equal to the labor and care incident to the office.

Dr. Franklin acknowledged the honor conferred upon him in his usual modest way, and promised faithfulness and honesty in the discharge of its duties.

On motion of Dr. Jerome Cochran, of Mobile, the Association adjourned without day.

THE ANNUAL REGISTER

OF THE

MEDICAL ASSOCIATION

OF THE

STATE OF ALABAMA.

THE ANNUAL REGISTER

OF THE

MEDICAL ASSOCIATION

OF THE

STATE OF ALABAMA.

THE BOOK OF THE ROLLS OF THE MEDICAL ASSOCIATION OF THE STATE OF ALABAMA.

INTRODUCTION.—In the transaction of last year the publishing committee prefaced the rolls of county societies with instruction to secretaries as to their records and the best method of obtaining information concerning them that would pass criticism, but the reports of this year come in with even more glaring errors than before. This should not be, can not be, if secretaries will only place the volume of Transactions before them and take their last reports as basis of reference. Remember that, when these rolls are once complete, small errors can be readily seen and corrected.

Explanation.—The letters mc stand for medical college. The letters cb stand for county board; when the certificate is issued by the examining board of the county in the register of which it occurs, the name of the county is omitted; when the certificate was issued by the examining board of some other county, the name of such county precedes the abbreviation. The first name in every list of censors is that of the president of the board.

THE ROLL OF THE COUNTY MEDICAL SOCIETIES.

REVISION OF 1888.

AUTAUGA COUNTY MEDICAL SOCIETY—Selma, 1874.

OFFICERS.

Pr. Fletcher Pearson; V. Pr. Dudley Robinson; Sec. Eugene A. King; Tr. ———; H. O. LeRoy J. Simpson; Censors, Charles A. Edwards, Archibald S. McKeithen, John W. Davis, Wyatt W. Golson, John E. Wilkinson.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Davis, John Wilson, mc Atlanta 59, cb 80, Prattville.
Edwards, Charles Alva, mc Memphis 49, cb 80, Prattville.
Golson, Wyatt Washington, mc South Carolina 54, cb 80, Autaugaville.
King, Eugene Asbury, mc Alabama 88, cb 88, Autaugaville.
McKeithen, Archibald Smith, mc Virginia 60, cb 80, Prattville.
Pearson, Fletcher, mc Alabama 82, cb 87, Mulberry.
Simpson, LeRoy Johnston, mc Bellevue, 83, cb Montgomery 84, Autaugaville.
Smith, Samuel Parish, mc univ Louisiana 48, cb 84, Prattville.
Wilkinson, John Edward, mc univ Louisiana 68, cb 80, Prattville.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Howard, Charles Campbell, mc Georgia 41, cb 80, Autaugaville.
Sherrell, James Lewis, mc univ Pennsylvania 60, cb 80, Vineton.

Examinations—For the practice of medicine, Eugene Asbury King, mc Alabama 88, cb 88, Autaugaville. Certificate awarded.

Died—George Calvin Norris, M. D., mc Alabama 88, cb Elmore 83, Wadsworth, March 3, of pneumonia.

BALDWIN COUNTY MEDICAL SOCIETY—Anniston, 1886.

OFFICERS.

Pr. Joseph D. Trammell; V. Pr. William M. Lovelady; Sec. Edwin L. Marechal; Tr. Edwin L. Marechal; H. O. Edwin L. Marechal; Censors, Edwin L. Marechal, Joseph D. Trammell, William M. Lovelady.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Lovelady, William Milton, cb 82, Theresa.
Marechal, Edwin Lesley, mc Alabama 70, cb 86, Stockton.
Trammell, Joseph Dunlap, mc univ Nashville 57, cb 86, Bay Minette.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Fowler, George Huggins, mc univ Pennsylvania 61, cb Mobile 78, Herndon.
Holmes, Origen Sibley, mc Alabama 61, cb 86, Tensaw.
Reynolds, Samuel Kirkpatrick, mc Jefferson 57, cb Mobile 78, Battle's.

Moved into the county—S. J. S. Cawthon, from Covington county to Bay Minette; Samuel Kirkpatrick Reynolds, from Mobile to Battle's.

Moved out of the county—S. J. S. Cawthon, from Bay Minette back to Covington county.

BARBOUR COUNTY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

Pr. Joseph J. Winn; V. Pr. Albert Goodwin; Sec. Simon A. Holt; Tr. Simon A. Holt; H. O. William H. Robertson; Censors, Simon A. Holt, Albert Goodwin, William P. Copeland, Joseph J. Winn, Judson Davie.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Battle, Junius Kincade, mc univ Louisiana 83, cb 83, Eufaula.
Brannon, Hugh Lee, mc univ Vanderbilt 85, cb 85, Harris'.
Clarke, James Wesley, mc S. of M. Kentucky 78, cb 81, Eufaula.
Copeland, William Preston, mc Bellevue 70, cb 79, Eufaula.
Davie, Judson, mc Georgia 72, cb 81, Cowikee.
Drewry, James Wallace, mc Jefferson 49, cb 79, Eufaula.
Goodwin, Albert, mc univ Louisville 73, cb 79, Eufaula.
Harper, Robert Franklin, mc Alabama 88, cb Coffee 88, Mount Andrew.
Holt, Simon Augustus, mc univ New York 58, cb 79, Eufaula.
Johnston, Egbert Burr, mc Alabama 83, cb 84, Eufaula.
Mitchell, William Augustus, mc univ Louisiana 68, cb 79, Eufaula.
Patterson, Thomas, mc Atlanta, 69, cb 82, Louisville.
Robertson, William Henry, mc Alabama 87, cb Pike 87, Clayton.
Winn, Joseph Julius, mc Atlanta 68, cb 81, Clayton.

Honorary Members.

Bledsoe, Francis Marion, mc Jefferson 59, cb 81, Georgetown, Ga.
Heron, Edward Marion, mc South Carolina 32, cb 81, Louisville.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Battle, Joseph Thomas, mc Georgia 68, cb 87, Hawkinsville.
Blair, Henry William, mc Atlanta 80, cb 87, Louisville.
Crews, Joseph Emmett, mc Georgia 53, cb 79, Clayton.
Faulk, Benjamin, Elamville.
Moye, William Robert, mc National 59, cb 82, Clayton.
Pruett, James Henry, mc univ New York 68, cb 79, Harris.
Reynolds, James Augustus, Botanic mc Ohio 45, cb 79, Pea River.
Russell, William Arnold, Eclectic mc Ohio 45, cb 82, Batesville.
Smart, Wilson Alexander, mc univ Louisville 85, cb 86, Clayton.
Turner, Alexander, mc South Carolina 57, cb 79, White Oak.
Wimberly, William Samuel. cb 87, Eufaula.

Moved into the county—William Henry Robertson, from Brundidge, Pike county, to Clayton.

BIBB COUNTY MEDICAL SOCIETY—Montgomery, 1875.

OFFICERS.

Pr. James W. Brand; V. Pr. William J. Nicholson; Sec. Milton C. Shoolar; Tr. Milton C. Shoolar; H. O. William J. Nicholson; Censors, James W. Brand, William C. Cross, William J. Nicholson, Oscar Whitfield, Milton C. Shoolar.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Brand, James Walker, mc univ Virginia 56, cb 78, Randolph.
Cross, William Cyprian, mc univ Vanderbilt 80, cb 81, Centreville.
Crowe, Gratton Bradley, mc Alabama 87, cb 87, Briarfield.
Gage, Frederick Fannin, mc univ New York 76, cb 84, Briarfield.
Nicholson, William John, mc univ Vanderbilt 84, cb 85, Centreville.
Shoolar, Milton Carson, mc Alabama 87, cb 87, Centreville.
Whitfield, Oscar, mc univ Nashville 81, cb 81, Briarfield.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Hill, Allen Green, cb (old law) 55, cb Tuscaloosa 83, Green Pond.
Jones, Benjamin Franklin, mc Miami 86, cb Jefferson 86, Blocton.
Jones, Robert Samuel, (Eclectic) cb 82, Six Mile.
Randle, Hendrick Washington, mc univ Transylvania 35, cb 82, Briarfield.
Ray, Jacob Virgil, cb 82, Woodstock.
Williams, James Welford, mc Georgia 39, cb 77, River Bend.
Wooley, Charles Lewis, Randolph.
Meadow, Albert Eli, (Homeopath) mc Hahneman 83, cb Jefferson 83, Blocton.
Monroe, Dana, Woodstock.

Moved into the county—William Cyprian Cross, from Tuscaloosa to Centreville; Dana Monroe, from Texas to Woodstock.

BLOUNT COUNTY MEDICAL SOCIETY—Mobile, 1876.

OFFICERS.

Pr. Alvin S. Davidson; V. Pr. ———; Sec. Milton H. Collins; Tr. ——; H. O. William M. Cole; Censors, Alvin S. Davidson, Francis N. Hudson, William B. Allgood, Henry H. Hudson, Joseph F. Hendrick.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Allgood, William Barnett, mc Southern 81, cb 78, Chepultepec.
Berrier, John Henry, cb Cullman 86, Bangor.
Cole, William Milton, cb 86, Blountsville.

Collins, Milton Homer, mc univ Tennessee 84, cb 84, Blountsville.
Davidson, Alvin Steele, cb 78, Gurley's creek.
Donehoo, Floyd George, mc Southern 81, cb 81, Murphree's Valley.
Estelle, Samuel Henderson, cb Sumter 76, Blount Springs.
Gillespie, Felix A., mc Alabama 89, cb 89, Hanceville.
Haden, Andrew Wade, mc univ Vanderbilt 82, cb 84, Summit.
Haden, Henry Hughes, mc univ Vanderbilt 86, cb 86, Summit.
Hendricks, Joseph Francis, mc Southern 83, cb 84, Wynnville.
Hudson, Frank Newton, mc univ Nashville 74, cb Madison 78, Blountsville.
Ingraham, Milton S., non-graduate, Hanceville.
McAnally, Christopher Columbus, cb 82, Anderton.
Moore, David Samuel, mc Atlanta 80, cb 81, Wynnville.
Scaiff, Samuel, mc Baltimore 89, cb 89, Manningham.
Whaley, John Peter, cb 84, Hanceville.
Weikle, LaFayette, Anderton.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Alldridge, Patrick George, mc Atlanta 75, cb Blount 82, Brooksville.
Clapp, William Peter, Gum Spring.
Findley, William Marshall, mc univ Vanderbilt, Village Springs.
Robinson, Henry Burnes, Blount Springs.
Willoughby, John Henchia, cb 78, Garden City.

Examination.—Henry B. Martin, Blountsville, certificate awarded.

BULLOCK COUNTY MEDICAL SOCIETY—Selma, 1879.

Pr. Henry M. Hunter; V. Pr. William A. Mayes; Sec. Charles H. Franklin; Tr. Henry M. Hunter; H. O. Robert H. Hayes; Censors, Samuel M. Hogan, Robert H. Hayes, Nathaniel M. Bledsoe, Charles H. Franklin, Groves Caldwell.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Ayers, Charles James, mc univ Virginia 86, cb Dallas 86, Hector.
Bledsoe, Nathaniel Macon, mc univ Nashville 57, cb 80, Union Springs.
Butt, Richard, Lemuel, mc univ New York 46, cb 80, Midway.
Caldwell, Groves, mc univ Pennsylvania 45, cb 80, James.
Darnell, Benjamin Franklin, mc Atlanta 55, cb 83, Inverness.
Franklin, Charles Higgs, mc univ Louisiana 66, cb 80, Union Springs.
Haynes, Robert Hughes, mc St. Louis 79, cb 80, Union Springs.
Hogan, Samuel Mardis, mc univ Louisville 73, cb 80, Union Springs.
Hunter, Henry Mitchell, mc phy & surg Bailtimore 86, cb Russell 87, Union Springs.
Leitner, Charles Backus, mc univ Maryland 47, cb 85, Flora.
Mayes, William Aurelius, mc Georgia 55, cb 80, Midway.

Reynolds, James Henry, mc univ Nashville 55, cb 80, Mt. Hilliard.
Reynolds, William Anderson, mc Alabama 85, cb 85, Mt. Hilliard.
Reigler, John Olin, one course mc Atlanta 80, Perote.
Sessions, Llewellen, mc Georgia 48, cb 87, Union Springs.
Thomasson, William Bartlett, mc Georgia 54, cb 80, Aberfoil.
Walker, William Austin, mc Jefferson 54, cb 80, Perote.

Honorary Members.

Banks, Newton Paley, mc univ Louisville 49, Columbus, Ga.
Harris, William Sanford, mc univ New York, Dick's Creek.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Crymes, Augustus Clayton, mc Jefferson 56, cb 80, Midway.
Rumph, James David, mc South Carolina 36, cb 80, Perote.
Swanson, William Schley, mc Atlanta 57, cb 80, James.

James A. Shirley, Post Oak, practicing without authority of law.

Moved into the county—William Bolling, from Geneva to Fitzpatrick.

Deaths—William Bolling, M. D., Fitzpatrick, cb 88, Oct. 88, of malarial fever; Clement T. Fitzpatrick, M. D., mc Memphis 49, cb 80, Fitzpatrick, February 4, '89, of chronic bronchitis.

BUTLER COUNTY MEDICAL SOCIETY—Montgomery, 1875.

OFFICERS.

Pr. James E. Allman; V. Pr. Joel C. Kendrick; Sec. ——; Tr. ——; H. O. Job Thigpen; Censors, Curtis B. Herbert, Joel C. Kendrick, Job. Thigpen; ———, ———.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Allman, James E., mc Savannah 69, cb 79, Georgiana.
Broughton, John Thomas, mc univ Pennsylvania 52, cb 79, Greenville.
Donald, John Gordon, mc univ Louisiana 54, cb 78, Monterey.
Herbert, Curtis Burke, state board 79, Greenville.
Kendrick, Joel Cloud, mc univ Nashville 52, cb 78, Greenville.
Knight, Comer John, mc New Orleans 58, cb 78, Greenville.
Lloyd, Cary Chappelle, mc Atlanta 58, cb 78, Greenville.
McCane, James Jordan, mc univ Louisiana 82, cb 82, Greenville.
Murphy, Robert Neil, mc Alabama 62, cb 84, Georgiana.
Owens, Fred Douglass, mc Atlanta 79, cb 79, Manningham.
Simmons, William Cleveland, cb 79, Manningham.
Smith, Robert Edward, mc Alabama 82, cb 83, Greenville.
Smith, William Robert, mc Alabama 86, cb 86, Oakey Streak.
Thigpen, Job, mc Georgia 56, cb 78, Greenville.
Wall, Conrad, mc univ Nashville 59, cb 78, Forest Home.
Webb, Owen Foster, mc Alabama 80, cb 80, Daisy.
Wright, William Pendleton, cb 78, Bolling.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Campbell, Archibald Graham, cb Elmore 84, Dunham.
Grissett, William Paners, mc Alabama 72, cb Conecuh 84, Garland.
Garrett, James Jefferson, mc Georgia Reform, 82.
Harrison, Joseph, mc South Carolina 52, cb 84, Greenville.
Perdue, James Lewis, mc Alabama 75, cb 79, Greenville.
Perry, Henry G., mc Georgia Reform 88, Bolling.
Steiner, Samuel Jackson, mc univ Vanderbilt 79, cb 79, Greenville.
Stewart, Arthur S., mc univ Louisville 82, Greenville.

Moved out of the county—Lewis Marshall McLendon, from Georgiana to Bluff Springs, Florida; Charles A. Thigpen, from Greenville to Marion, Perry county.

Examinations—For the practice of medicine, Charles A. Thigpen, mc univ Tulane, Louisiana 88, Greenville; Henry G. Perry, mc Reform 88, cb 88, Bolling. Certificates awarded.

CALHOUN COUNTY MEDICAL SOCIETY—Montgomery, 1881.

OFFICERS.

Pr. John W. Pearce; V. Pr. Robert L. Bowcock; Sec. John C. LeGrand; Tr. Edward C. Anderson; H. O. John M. Crook; Censors, Thomas C. Hill, Thomas W. Ayers, John M. Crook, ———, ———.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Anderson, Edward Clark, mc Kentucky 77, cb 84, Anniston.
Ayers, Thomas Willborn, mc phy and surg Baltimore 86, cb 86, Jacksonville.
Bell, Walter Howard, mc Atlanta 88, cb 88, Anniston.
Bowcock, Robert Lee, mc univ Virginia 86, cb 88, Anniston.
Brothers, Philip Houston, cb old law 41, cb 86, Martin's Cross Roads.
Buckalew, Ansel Milbran, mc univ Louisville 70, cb 86, DeArmanville.
Bullard, Aurelius Francis, cb 82, Oxford.
Christian, McAns Thomas William, cb 81, Oxford.
Crook, John Martin, mc phy and surg Baltimore 85, cb 86, Jacksonville.
Davis, John Francis Marion, mc Atlanta 60, cb 81, Chocolocco.
Davis, Thomas Asbury, mc univ Louisiana 51, cb 84, Anniston.
Gordon, Frederick Elliott, mc Alabama 72, cb Marengo 82, Anniston.
Hill, Thomas Calhoun, mc South Carolina 60, cb 84, Oxford.
Huger, Richard Proctor, mc South Carolina 71, cb 84, Anniston.
Kelley, John Baker, mc Jefferson 59, cb 84, Anniston.
LeGrand, John Clark, mc Atlanta 80, cb 84, Anniston.
Ligon, Anthony, Wellington, mc univ Vanderbilt 83, cb 84, Oxford.
Mabbet, Henry, mc Savannah 76, cb 83, Anniston.
McDarimid, John Calhoun, mc cb Clay 83, Oxford.

McDuffie, James Henry, mc univ Maryland 86, cb 89, Anniston.
McRay, Francis Marion, cb Cleburne 81, Ohatchee.
Overton, John Wesley, mc univ Louisville 87, cb 89, Anniston.
Stone, Sardine G., mc Alabama 87, cb 87, Jacksonville.
Walker, James Fleming, cb 81, Anniston.
Whiteside, John Marshall, mc univ Vanderbilt 84, cb 84, Oxford.
Wikle, Jesse Lane, mc Georgia 79, cb 81, Anniston.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bolling, William Elsbery, cb 81, Davisville.
Crook, James Edward, mc univ Vanderbilt 83, cb 83, Alexandria.
Douthit, Jackson A., cb 81, Alexandria.
Evans, Benjamin Shumate, cb 81, White Plains.
Hughes, John Leander, mc Georgia 51, cb 83, Piedmont.
Kinabrew, William Henry, mc univ New York 78, cb 83, Piedmont.
Linder, Pleasant Philips, cb 81, Jacksonville.
Montgomery, Charles Henry, mc Washington, Baltimore 68, cb 81, Jacksonville.
Sorrell, John Martin, cb 84, Anniston.
Teague, Robert George, cb 81, Piedmont.
White, Virgil Lewis, cb 84, Anniston.
Williams, George Coke, cb 81, White Plains.
Williamson, Thomas, cb 84, Peak's Hill.

Moved into the county—Edward D. Grimes, from Ironaton, Talladega county; Fredrick Elliott Gordon, from Mobile, William Henry Blake, from Lineville, Clay county, John W. Sorrell, from Cleburne county to Anniston.

Moved out of the county—William Henry Blake, from Anniston to Lineville, Clay county; William Pace Kelly, from Oxford to Childersburg, Talladega county; Thomas Northern from Oxford to Hefflin, Cleburne county; Charles Richard William Wynne, from Anniston to London, England.

Examinations—For the practice of medicine, Walter Howard Bell, mc Atlanta 88, cb 84, Anniston; Robert Lee Bowcock, mc univ Virginia 86, Anniston, and John W. Overton, mc univ Louisville 88, Anniston. Certificates awarded. Jason L. Jones, mc univ Louisville, certificate refused.

CHAMBERS COUNTY MEDICAL SOCIETY—Montgomery, 1881.

OFFICERS.

Pr. Benjamin F. Rea, Jr.; V. Pr. Albert H. R. Frederick; Sec. Robert L. Gilder; Tr. Albert H. R. Frederick; H. O. Robert L. Gilder; Censors, Benjamin F. Rea, Sr., Zachary T. Grady, Asa W. Griggs, William M. Gay, Albert H. R. Frederick.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Beasley, James Albert, mc Atlanta 72, cb 82, Fredonia.
Bryce, Hilary Sanford, mc Atlanta 82, cb 82, Waverly.
Cooper, John William, mc South Carolina 45, cb 84, Mill Town.
DeVaughn, John Wesley, mc univ Vanderbilt 83, cb 83, Mill Town.
Foster, Benjamin Jesse, mc Georgia, 70, cb 82, Five Points.
Frederick, Albert Henry Roland, mc univ New York 56, cb 82, LaFayette.
Gay, William McCurry, mc South Carolina 81, cb 82, Mill Town.
Gilder, Robert Lee, mc Alabama 87, cb 87, LaFayette.
Grady, Zachary Taylor, mc Atlanta 76, cb 86, Fredonia.
Hudson, William Henry, mc Atlanta 86, cb 86, LaFayette.
Griggs, Asa Wesley, mc univ Nashville 55, cb 82, West Point.
Kirby, Charles Windham, mc Georgia 84, cb 85, West Point.
Perry, Charles Franklin, mc Atlanta 78, cb 82, LaFayette.
Rea, Benjamin Franklin, Sr., mc Jefferson 42, cb 82, LaFayette.
Rea, Benjamin Franklin, Jr., mc Alabama 85, cb 86, LaFayette.
Rutland, John Blake, mc Southern 80, cb 82, Fredonia.
Tyson, William Watson, mc Georgia 54, cb 85, West Point.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bonner, Thomas Harrison, mc Atlanta 84, cb Randolph 84, Hickory Flat.
Carmichael, Lawrence Greene, mc Graffenburg, Hickory Flat.
Crawford, Daniel, mc Atlanta 86, cb 86, Cusseta.
Davis, James Lawrence, mc South Carolina 45, cb 86, LaFayette.
Hamner, Lovick Pierce, cb Randolph 82, Five Points.
Johnson, Howard Alexander, cb Tuscaloosa 81, Mill Town.
Pinkston, James Preston, mc Graffenburg 57, cb 82, Sharon.
Smith, Lawrence, mc Georgia 54, cb 86, Cusseta.
Stadghill, Robert James, mc Southern 81, cb 86, Fredonia.
Trammell, William Monroe, mc univ Kentucky 47, cb 86, Louisville.

Moved out of the county—Dr. Jesse Gray Palmer, from Oak Bowery to Opelika, Lee county.

Died—Marcellus E. McIntosh, M. D., mc Georgia, cb 82, LaFayette.

CHEROKEE COUNTY MEDICAL SOCIETY—Tuscaloosa, 1887.

OFFICERS.

Pr. Thomas N. White; V. Pr. Norman F. Cabot; Sec. John P. Farill; Tr. Edward A. Cook; H. O. Abbott M. McWhorter; Censors, William J. D. Lawrence, Thomas N. White, Norman F. Cabot, Alexander P. Richardson, Ellis W. Ward.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Barge, Josiah Littleton, mc Atlanta 87, cb 88, Rock Run.
Bonner, Richard Ritter, mc Southern 85, cb 87, Key.
Brown, Alexander M., cb 87, Leesburg.
Cabot, Norman Franklin, mc univ Vanderbilt 78, cb 87, Centre.
Cook, Edward Augustus, mc univ Vanderbilt 84, cb 84, Kirk's Grove.
Elliott, Theodoric Miles, mc Kentucky 76, cb 87, Gaylesville.
Farill, John Paul, mc Atlanta 81, cb 87, Farill.
Farill, John Washington, non-graduate, cb 87, Farill,
Lawrence, George Dougherty William, mc Georgia 56, cb 87, Cedar Bluff.
Lawrence, William John Dougherty, mc univ Vanderbilt 86, cb 87, Cedar Bluff.
McGehee, Robert Hallenus, mc Vanderbilt 87, cb 87, Round Mountain.
McWhorter, Abbott Milton, mc Atlanta 59, cb 87, Gaylesville.
McWhorter, Robert Lee, mc Alabama 86, cb 87, Gaylesville.
Miller, Thomas Gideon, mc Kentucky 86, cb 87, Gaylesville.
Richardson, Alexander P., cb 87, Key.
Ward, Ellis William, mc phy. & surg. Baltimore 87, cb 86, Centre.
White, Thomas Noel, mc Georgia 58, cb 87, Spring Garden.
Wright, A. W., mc univ New York 76, Cave Springs, Ga.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Atkinson, Thomas C., Ball Flat.
Bell, Stephen B., mc Eclectic Philadelphia, Esom's Hill, Ga.
Camp, Ellis James, Tecumseh.
Carr, R. C., non-graduate, Rock Run.
Echols, Edward D. J., cb 87, Leesburg.
Gilder, J. M.
Mathews, John Patrick, mc univ Nashville, cb 87, Maple Grove.
McCurry, George Washington, system not known, Stock's Mills.
McWhorter, George Thomas, one course in Louisville 73, state board of Mississippi 75, Chickasaw.
Shamblin, Alexander, cb 87, Broomtown.
Shamblin, John Levi, mc Atlanta 88, cb 87, Broomtown.
Sparks, Blassingame Cayton, mc Georgia 58, cb 87, Centre.
Tate, Charles Nathaniel, cb 87, Alexis.
White, Barnabas Pace, mc Georgia 56, cb 87, Centre.
White, William Yancey, mc univ Nashville and Vanderbilt, 87, cb 87, Spring Garden.

Moved into the county—Josiah Littleton Barge, to Rock Run.

Moved from the county—Samuel James McCurry, from Rock Run to Anniston.

Benjamin Franklin Shamblin, from Broomtown to Georgia.

Examination—For the practice of medicine, Josiah Littleton Barge, Rock Run. Certificate awarded.

CHILTON COUNTY MEDICAL SOCIETY—Selma, 1879.

OFFICERS.

Pr. Hugh W. Caffey; V. Pr. Joseph S. Johnson, Sr.; Sec. Hugh T. Caffey; Tr. Hugh T. Caffey; H. O. ——; Censors, John A. McNeill, William E. Stewart, Joseph S. Johnson, Sr.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bivings, Albert Eugene, mc South Carolina 75, cb 82, Clanton.
Caffey, Hugh Thomas, mc univ Tennessee 83, cb Lowndes 83, Jemison.
Caffey, Hugh William, mc South Carolina 55, cb Lowndes 83, Verbena.
Givhan, Joseph Phillip, mc Alabama 73, cb Dallas 78, Jemison.
Johnson, Joseph Samuel, Sr., mc Georgia 59, cb Dallas 79, Maplesville.
Mathews, Emmett Abram, 87, state board 86, Clanton.
McNeill, John Archibald, mc univ Vermont 53, cb 79, Jemison.
Stewart, William Eugene, mc univ Louisville 75, Clanton.
Williamson, William Thomas, mc South Carolina 58, Verbena.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Callier, Thomas Eugenius, mc univ Pennsylvania 57, cb 82, Callierville.
Dawson, James Jefferson, Kincheon.
Johnson, Joseph Samuel, Jr., mc univ Baltimore 76, cb Clanton.
Little, William W., Stanton.
Pitts, John Spate, mc univ Nashville 68, cb, Verbena.
Wise, John F., mc Graffenburg 56, cb, Cooper's.

Moved into the county—James Jefferson Dawson, from Seddon, St. Clair county, to Kincheon.

Moved out of the county—Frank Hamilton Dunklin, from Jemison to Gallatin, Tennessee.

CHOCTAW COUNTY MEDICAL SOCIETY—Selma, 1879.

OFFICERS.

Pr. Robert F. Moody; V. Pr. Daniel McCall; Sec. William H. Cunningham; Tr. William H. Cunningham; H. O. Robert B. Carr; Censors, Robert B. Carr, Robert F. Moody, William H. Cunningham, James N. McNeely, Ferdinand B. Clark.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Carr, Robert Bryan, mc univ Louisville 82, cb 87, Pushmataha.
Clark, Ferdinand P., mc Alabama 84, cb 84, Bevil's Store.

Coleman, Robert Henry, Sr., mc Jefferson 52, cb 79, Isney.
Coleman, Robert Henry, Jr., mc Alabama 88, cb 88, Womack Hill.
Coleman, Walter Jackson, mc Alabama 88, cb 88, Isney.
Cunningham, William Henry, mc Alabama 86, cb 86, Mt. Sterling.
Johnson, Samuel F., cb 81, Butler.
Johnson, William W., mc Alabama 72, cb 79, Melvin.
Kimbrough, William Floyd, mc Alabama 83, cb Washington, Bladen Springs.
McCall, Daniel, mc Atlanta 59, cb 79, DeSotoville.
McNeely, John Newton, mc univ Louisiana 58, cb 79, Mt. Sterling.
Needham, Edward W., mc univ Louisiana 58, cb 79, Lusk.
Phillips, John P., mc Alabama 86, cb 86, Yantley's Creek.
Turner, Mathew, mc univ Pennsylvania —, Bladen Springs.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Brown, Collin Balsam, mc univ Nashville 80, cb 83, Melvin.
Gilmore, Abram Bessant, mc Alabama 72, cb 79, Butler.
Harris, Edward P., mc univ Louisiana, cb 79, Rosser, Sumter county.
Knighton, Thomas A., mc univ Louisville 88, cb 88, Pennington.
Shamberger, William B., mc univ Louisville 83, cb 88, Yantley Creek.
Shoemaker, Lewis, cb 80, Womack Hill.

Moved into the county—William F. Kimbrough, to Bladen Springs.

Moved out of the county—Peter Harrison Dillard.

Examinations—For practice of medicine, Robert Henry Coleman, Jr., M. D.; Walter Jackson Coleman, M. D.; Thomas Abram Knighton, M. D.; Wm. B. Shamberger, M. D. Certificates awarded.

CLARKE COUNTY MEDICAL SOCIETY—Greenville, 1885.

OFFICERS.

Pr. Henry G. Davis; V. Pr. Green J. Jones; Sec. James W. Armistead; Tr. John A. Gilmoe; Censors, Benjamin S. Barnes, Bryan Boroughs, Gross S. Chapman, Green J. Jones, Henry G. Davis.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Allen, Burrell Middleton, mc univ Louisiana 59, cb 84, Marvin.
Armistead, James Westwood, mc Alabama 83, cb 84, Grove Hill.
Barnes, Benjamin Shields, mc univ Pennsylvania 59, cb 84, Suggsville.
Boroughs, Bryan, mc univ Louisville 70, cb 84, Vashti.
Bush, Boaz Whitfield, mc South Carolina 58, cb 84, Choctaw Corner.
Chapman, Gross Scruggs, mc Alabama 79, cb Conecuh 83, Jackson.
Dahlberg, Charles James, mc Alabama 87, cb Choctaw 87, Suggsville.
Davis, Henry George, mc Alabama 72, cb 84, Gainstown.
Durden, Thomas Jefferson, mc South Carolina 83, cb 87, Choctaw Corner.

Files, George Washington, mc univ Louisiana 50, cb 84, Gosport.
Fleming, John William, mc Alabama 79, cb 84, Salitpa.
Gilmore, John Arcade, mc univ Louisville 86, cb 86, Rural.
Harwood, Thomas Broadnax, mc univ Louisiana 60, cb 84, Tallahatta Springs.
Hicks, Lamartine Orlando, mc Alabama 73, cb 84, Walker Springs.
Jones, Green Irvin, mc Atlanta 82, cb 84, Coffeeville.
Lindsey, James Davidson, cb 86, Lower Peach Tree, Wilcox county.
Prim, Thomas Jefferson, cb 86, Salitpa.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Barefield, Henry Litman, mc Alabama 72, cb Pickens 84, Gosport.
Davis, James Madison, mc univ Louisiana 61, cb 84, Bashi.
Findley, William Lemuel, mc s. of m. Kentucky 87, cb 87, Thomasville.
Grant, Bryan William, mc univ Louisville 88, cb 88, Grove Hill.
Jeffery, Grey, mc Alabama 88, cb Wilcox 88, Horeb.
Webb, Sidney Vaughn, mc New York and Jefferson 58, cb 84, Coffeeville.

Moved into the county—Grey Jeffery, from Lower Peach Tree, Wilcox county, to Horeb.

Examinations—For the practice of medicine, Bryan William Grant, mc univ Louisville 88, cb 88, Grove Hill. Certificate awarded.

CLAY COUNTY MEDICAL SOCIETY—Tuscaloosa, 1887.

OFFICERS.

Pr. William O. Jenkins; V. Pr. John L. Simpson; Sec. John T. Manning; Tr. ———; H. O. Aaron LaF. Harlan; Censors, George W. Bartlett, William M. Scarborough, Aaron LaF. Harlan, Angus K. McDiarmid, William F. Irvin.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bartlett, George Washington, undergraduate cb 87, Black's Store.
Blake, Wyatt Heflin, mc univ Vanderbilt 84, cb Randolph 85, Lineville.
Conway, Magnus E., undergraduate cb Coosa 88, Hollins.
Darby, Cunningham Wilson, undergraduate cb 87, Hatchett Creek.
Harlan, Aaron LaFayette, mc Alabama 86, cb Tallapoosa 86, Ashland.
Irvin, William Fletcher, mc univ Louisville 87, cb 87, Millerville.
Jenkins, William Oliver, mc Graffenburg 60, cb 87, Lineville.
Liles, Marion DeKalb, undergraduate cb Randolph 79, Lineville.
Manning, John Thomas, mc univ Vanderbilt 85, cb 87, Wheelerville.
McDiarmid, Angus Kelly, mc Alabama 72, cb 87, Hollins.
Northen, Charles Simpson, undergraduate cb 89, Lineville.
Owens, Seaborn Wesley, mc univ Louisville 83, cb 87, Bluff Spring.

Scarborough, William Miles, undergraduate cb 87, Ashland.
Sims, George Napoleon, mc Graffenburg 56, cb 87, Ashland.
Simpson, John L.
Stephens, Albert Russell, mc Southern 88, cb 88, Delta.
Waits, Owen Kynyan, mc Graffenburg 56, cb 87, Lineville.
Wiley, James Stiles, undergraduate cb 89, Mellow Valley.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

David C. Harris (Botanic), Delta.
Henry M. McClintock (Botanic), Delta.
Bibb Simmons.

Moved into the county—Wyatt Heflin Blake, from Blake's Ferry, Randolph county, to Lineville; Magnus E. Conway, from Holland, Coosa county, to Hollins; Aaron L. Harlan, from Hackneyville, Tallapoosa county, to Ashland; Marion DeKalb Liles, from Dwight, Randolph county, to Lineville.

Moved out of the county—Alpheus Olin Brooks, from Ashland to Eastaboga, Talladega county; Martin James Coker, from Hillabee to Goodwater, Coosa county.

CLEBURNE COUNTY MEDICAL SOCIETY—Selma, 1874.

OFFICERS.

Pr. James P. Hurst; V. Pr. ———; Sec. William A. Neil; Tr. ———; H. O. Orlando W. Sheppard; Censors, William M. Ligon, Orlando W. Sheppard, L. W. Pitchford, William A. Neil.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Baker.
Hurst, James Polk, cb 84, Edwardsville.
Johns.
Ligon, Wilson Milton, mc Georgia 81, cb 86, Heflin.
Neil, R. L., Heflin.
Neil, William Alexander, mc Georgia 81, cb 86, Heflin.
Northen, Thomas, mc Atlanta 78, cb Clay 87, Heflin.
Pitchford, L. W., Arbacoochee.
Sheppard, Orlando Waters, mc Graffenburg 56, cb 86, Edwardsville.
Wood, Hiram, Chulafinne.
Wood, Winston Cass, mc Atlanta 81, cb Randolph 82, Arbacoochee.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Martin, Hicks, Heflin.
Reid, Jesse T., cb 84, Wee Bee.

COFFEE COUNTY MEDICAL SOCIETY—Greenville, 1885.

OFFICERS.

Pr. Francis M. Rushing; V. Pr. ——; Sec. ——; H. O. ——; Censors, Francis M. Rushing, Josephus D. Blue, William H. Crook, John W. Garrett.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Blue, Josephus Dickson, one course mc univ Louisville 85, cb 85, Elba.
Crook, William Henry, mc Alabama 84, cb 85, Victoria.
Garrett, John Wilkinson, mc univ Louisville 85, cb 85, Clintonville.
Rushing, Francis Marion, mc univ Louisiana 61, cb 85, Elba.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Carter, James Peterson (Botanic), cb *pro forma* 88, Damascus.
Cowart, William Augustus, cb 85, Rocky Head.
Hill, Benjamin Augustus, Graffenburg 57, mc Alabama 60, cb 85, Elba.
Steed, John Garrett, mc univ Nashville 56, cb 85, Haw Ridge.
Wilson, William Augustus, mc Georgia, cb 85, Rocky Head.

Moved out of the county—Abner R. Chapman, from Elba to Geneva; William Hickman Chapman, from Elba to Troy; Franklin Harper, from Elba to Mt. Andrew, Barbour county.

Examinations—For the practice of medicine, Abner R. Chapman and Franklin Harper. Certificates awarded.

COLBERT COUNTY MEDICAL SOCIETY—Montgomery, 1881.

OFFICERS.

Pr. Edward P. Rand; V. Pr. Hugh W. Blair; Sec. William W. Prater; Tr. ——; H. O. Samuel J. Cooper; Censors, William W. Prater, Hugh W. Blair, Samuel J. Cooper, William C. Wheeler, Charles W. Williams.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Blair, Hugh Walter, mc univ Vanderbilt 85, cb 88, Sheffield.
Cooper, Samuel Johnston, mc Memphis 71, cb 81, Tuscumbia.
Houston, James Marshall, mc Jefferson 57, cb 81, Dickson.
McWhorter, George Tilghman, cb Madison 81, Chickasaw.
Morris, Charles Thomas, mc univ Louisville 75, cb Henry 80, Sheffield.
Palmer, Charles Richard, mc univ Vanderbilt 83, cb 84, Barton.
Prater, William Warren, mc univ Nashville 82, cb 88, Sheffield.
Pride, Joseph Peebles, mc univ New York 55, cb 81, Pride's Station.
Rand, Edward Pearsall, mc univ Louisville 72, cb 81, Tuscumbia.
Walker, David Harris, mc univ Vanderbilt 82, cb 81, Spring Valley.

Wheeler, William Camp, mc univ Vanderbilt 62, cb 81, Cherokee.
Williams, Charles Washington, mc univ Nashville 72, cb 81, Allsboro.
Wall, Alexander Alford, mc univ Pennsylvania 49, cb Madison 74, Tuscumbia.
Brown, John Wirt, mc univ Pennsylvania 70, Sheffield.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Adams.
Abernathy, Robert Towns, mc univ New York 49, cb 81, Tuscumbia.
Ellis, Wiley Martin, mc univ Louisville 70 (retired), Chickasaw.
McCloskey, James S., Dug P. O.
Johnson, Beverly, Tuscumbia.
Moore, Robert J., Chickasaw.
Newsome, Benjamin Franklin, mc univ Louisville 40, cb (old law) 54, Tuscumbia.
O'Riley, John Edmund, mc Alabama 74, Cherokee.
Smith, James Clarke, mc univ Vanderbilt 85, cb Elmore 85, Tuscumbia.
Sullivan, William Bailey, mc univ Nashville 84, cb 84, Tuscumbia.
Turpin, Thomas James, mc univ Louisiana 71, cb Greene 79, Sheffield.
Watson, Charles McAlpine, mc univ Louisiana 81, cb Green 82, Tuscumbia.

Moved into the county—Adams, ———; Charles M. Watson, from Florence to Tuscumbia.

Moved out of the county—Pierce Young Driskell, from Sheffield to parts unknown.

Examinations—For the practice of medicine, Hugh Walter Blair and William Warren Prater of Sheffield. Certificates awarded.

CONECUH COUNTY MEDICAL SOCIETY—Selma, 1879.

OFFICERS.

Pr. Andrew Jay; V. Pr. Hugh T. Fountain; Sec. Adam A. McKittrick; Tr. ———; H. O. Adam A. McKittrick; Censors, Andrew Jay, Pinckney M. Bruner, Francis L. Sewall, Hugh T. Fountain, Adam A. McKittrick.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bruner, Pinckney McDonald, mc Alabama 61, cb Butler 79, Evergreen.
Feagin, Aaron Pinson, mc Atlanta 60, cb 84, Brooklyn.
Fountain, Hugh Thomas, mc Alabama 72, cb Monroe 79, Burnt Corn.
Jay, Andrew, mc Alabama 72, cb 84, Evergreen.
McKittrick, Adam Alexander, mc Georgia 60, cb 84, Evergreen.
Shaver, William Benjamin, mc Georgia Reform 60, cb 84, Herbert.
Taliaferro, Charles Thomas, mc Atlanta 59, cb 84, Evergreen.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bradley, Ely, mc Jefferson 57, cb 84, Bellville.
Corbin, John A., system unknown. Without authority.
Ferguson, W. A., system unknown. Without authority.
Lee, Robert Augustus, mc univ Louisiana 60, cb 84, Evergreen.
McCreary, John Absalom, mc univ Louisiana 60, cb 84, Evergreen.
Shaw, William Chesley, mc Alabama 85, cb 84, Bellville.

Moved into the county—William Chesley Shaw, from Texas to Bellville.

Moved out of the county—Francis Louis Sewall, from Bellville to Texas.

COOSA COUNTY MEDICAL SOCIETY—Birmingham, 1883.

OFFICERS.

Pr. William J. Peddy; V. Pr. William H. Moon; Sec. Julius Jones; Tr. Julius Jones; H. O. William E. Maxwell; Censors, William J. Peddy, William H. Moon, Julius Jones, William J. Crowson, James J. Coker.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bailey, William, non-graduate, cb 83, Equality.
Bryant, Alexander T., non-graduate, cb Clay 87, Goodwater.
Coker, James Jasper, cb 83, Rockford.
Crowson, William Jasper, mc univ Vanderbilt 82, cb 82, Weogufka.
Humphries, Simeon Oceola, mc Jefferson 85, cb Elmore 85, Nixburg.
Jones, Julius, mc univ Vanderbilt 84, cb 84, Rockford.
Maxwell, William Elmore, mc Jefferson 85, cb 85, Kelleyton.
Moon, William Henry, mc Alabama 79, cb 83, Goodwater.
Peddy, William Jeremiah, mc Graffenburg 55, cb 83, Rockford.
Peterson, James Albert, mc univ Vanderbilt 89, cb 89, Hanover.
Simpson, John Lewis, mc Atlanta 89, cb 84, Goodwater.
White, William Tanner, mc univ Tennessee 86, cb 86, Nixburg.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Coker, Martin James, non-graduate, cb Clay 87, Goodwater.
Dollar, Henry Clay, mc Atlanta 75, cb 82, Marble Valley.
Goggans, Phillip Peterson, mc univ New York 80, cb Elmore 84, Traveller's Rest.
Mathews, John Thomas, mc univ Louisville 73, cb 84, Monnt Olive.
Pope, Chandler Mathews, mc Jefferson 57, cb 83, Goodwater.
Parker, Eli, (botanic), Nixburg.
Parker, Lewis Berry, (botanic) Traveller's Rest.
Salter, Preston B., (botanic) Goodwater.

Moved into the county—Alexander Thomas Bryant, from Elias, Clay county, to Goodwater; Martin James Coker, from Hillabee, Clay county to Goodwater; John Lewis Simpson, from Gibsonville, Clay county to Goodwater.

Moved out of the county—James Peterson Goggans, from Nixburg to Alexander City, Tallapoosa county; Magnus E. Conway, from Holland to Hollins, Clay county.

Examinations—James Albert Peterson, mc univ Vanderbilt, for the practice of medicine. Lewis M. Bruce, Graham Shaw, Fleming Cecil Maxwell, preparatory to the study of medicine. Certificates awarded.

CRENSHAW COUNTY MEDICAL SOCIETY—Mobile, 1882.

OFFICERS.

Pr. Felix M. T. Tankersley, V. Pr. ———; Sec. Andrew J. Jones; Tr. ———; H. O. Samuel W. May; Censors, James E. Kendrick, Felix M. T. Tankersley, Samuel W. May, Joseph R. Horn, Andrew J. Jones.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Burgamy, William Thomas, mc Atlanta 59, cb 83, Rutledge.
Horn, Joseph Robert, mc Alabama 87, cb 87, New Providence.
Jones, Andrew Jackson, mc S. of M. Kentucky 86, cb 86, Argus.
Kendrick, James Evans, mc Alabama 69, cb 82, Leon.
May, Samuel William, mc phy and surg Baltimore 82, cb 83, Bullock.
Quillian, Thomas Lamar, cb 84, Honoraville.
Tankersley, Felix Marcus Tullus, mc univ Tennessee 85, cb 85, Argus.
Thomas, Stephen Sion, cb 84, Arcadia.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Dyer, Edward Fox, Eclectic cb 84, Rutledge.
Horn, Richard Knox, mc Reform, cb 84, Patsburg.
Maxwell, David Newton, Eclectic, cb Pike 60, New Providence.
Prior, William Dayton, mc univ Nashville 79, cb Butler 81, Aiken.
Slough, Daniel Bluford, mc S. of M. Kentucky 87, Helicon.

Moved out of the county—Edmund Harris Johnson, from Rutledge to Troy, Pike county.

Examinations—For the practice of medicine, William C. Duke, mc Kentucky 88; certificate awarded, and he left immediately for Forest Port, New York, to practice medicine.

COVINGTON COUNTY MEDICAL SOCIETY—Montgomery, 1888.

OFFICERS.

Pr. William J. Head; V. Pr. John F. Pendry; Sec. John F. Pendry; Tr. ————; H. O. ——— ——; Censors, William J. Head, John F. Pendry, W. N. Street.

NAMES OF MEMBERS WITH THIER COLLEGES AND POST-OFFICES.

Head, William J., Andalusia, college not given.
Pendry, John F., mc Alabama 88, cb 88, Grove Hill.
Street, William N., college and post-office not given.

CULLMAN COUNTY MEDICAL SOCIETY—Anniston, 1886.

OFFICERS.

Pr. Robert T. Searcy; V. Pr. Marquis L. Johnson; Sec. Francis B. Burnum; Tr. Francis B. Burnum; H. O. Marquis L. Johnson; Censors, Robert T. Searcy, Marquis L. Johnson, John U. Stiefelmeyer, Aldo Wiess.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Burnum, Francis Bynum, one course mc univ Vanderbilt 79, cb 86, Cullman.
Johnson, Marquis LaFayette, mc Alabama 75, cb 86, Cullman.
Martin, William Henry, mc Atlanta 88, cb 86, Logan.
Searcy, Robert Thomas, mc nniv Nashville 53, cb 86, Cullman.
Stiefelmeyer, John Ulric, mc univ Tubingen, Germany 49, mc univ Toronto, Canada 74, cb 86, Cullman.
Whorton, John Pope, mc vniv Nashville 88, cb 88, Bremen.
Wiess, Aldo, mc univ Breslau, Prussia, 52, cb 86, Cullman.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Abbett, James W., system not known, Bremen.
Cook, Wiley Morgan, cb Morgan 85, Cullman.
Gieger, Marion Capers, mc Georgia Reform 86, cb 86, Baileyton.
Kellar, Louis, system not known, Etha.
McDonald, William Henry, non-graduate, cb 86, Joppa.
McPherson, George Washington, mc univ Vanderbilt 86, cb 86, Bremen.
Reid, James, system not known, Logan.
Walden, John, system not known, Pinacle.
Watts, G. W., system not known, Holly Pond.

Moved into the county—Wiley Morgan Cook, from Falkville, Morgan county, to Cullman.

Moved out of the county—Young Edwin Holloway, from Cullman to Birmingham; James H. Oden, from Cullman to Lawrence Cove, Morgan county.

Examinations—Richard Alleyn, Cullman; John Pope Whorton, Bremen. Certificates awarded.

DALE COUNTY MEDICAL SOCIETY—Tuscaloosa, 1887.

OFFICERS.

Pr. Henry J. Smisson; V. Pr. William C. Stegall; Sec. Washington L. Jones; Tr. Alexander G. McLeod; H. O. John C. Holman; Censors, Washington L. Jones, Mercer S. Davis, Erastus Byron Ard, John C. Holman, Richard D. Reynolds.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Ard, Erastus Byron, mc univ Vanderbilt 87, cb 87, Haw Ridge.
Campbell, Terrell, mc Atlanta 83, cb 87, Echo.
Davis, Mercer Stilwell, mc Jefferson 67, cb 87, Ozark.
Holman, John Clinton, mc Jefferson 56, cb 87, Ozark.
Jones, Washington LaFayette, mc Louisville 75, cb 87, Ozark.
McLeod, Alexander Gillis, mc univ Louisiana 59, cb 87, Daleville.
Reynolds, James Wilson, mc Alabama 85, cb 87, Skipperville.
Reynolds, Richard Davis, mc Alabama 80, cb 87, Skipperville.
Smisson, Henry Jones, mc South Carolina 60, cb 87, Newton.
Stegall, Albert Sidney, mc Alabama 88, cb 87, Clopton.
Stegall, William Collinsworth, mc South Carolina 54, cb 87, Clopton.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Baxter, Hugh C., mc Atlanta 86, cb 87, Sylvan Grove.

Moved out of the county—Oscar Dowling, mc univ Nashville, from Dale to Columbia, Henry county.

Examinations—For the practice of medicine, Oscar Dowling, mc univ Nashville, 88. Certificate awarded.

DALLAS COUNTY MEDICAL SOCIETY—Montgomery, 1875.

OFFICERS.

Pr. Goldsby King; V. Pr. Edward B. Ward; Sec. Samuel Kirkpatrick; Tr. Thomas G. Howard; H. O. Mimms W. Coleman; Censors, John P. Furniss, John A. McKinnon, Goldsby King, Frank Tipton, Mimms W. Coleman.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Adams, Benjamin Clarence, mc Alabama 72, cb 78, Adams.
Alston, Lemuel Lovatt, mc South Carolina 57, cb 78, Orrville

Clarke, Courtney James, mc Jefferson 44, cb 78, Selma.
Cochran,.Robert McRiller, mc univ Virginia 57, cb 78, Martin's.
Coleman, Mimms William, mc univ New York 88, cb 88, Selma.
Davidson, J. M., mc univ Pennsylvania 49, cb 78, Selma.
Donald, James Marion, mc Alabama 83, cb 83, Marion Junction.
Donald, Joseph Marion, mc univ Louisiana 54, cb 78, Harrell's.
Furniss, John Perkins, mc univ Louisiana 54, cb 78, Selma.
Gay, Samuel Gilbert, mc Alabama 87, cb 87, Selma.
Gee, James Thomas, mc Jefferson 43, cb 78, Burnsville.
Groves, Joseph Asbury, mc South Carolina 54, cb 78, Brown's.
Howard, Thomas Greenwood, mc Washington, Baltimore 68, cb Autauga 84, Selma.
Jackson, Robert Dandridge, mc South Carolina 51, cb 78, Summerfield.
Kendall, William Quinton, mc phy and surg Baltimore 80, cb 80, Berlin.
King, Goldsby, mc South Carolina 80, cb 80, Selma.
Kirkpatrick, Samuel, mc univ Vanderbilt 88, cb 88, Selma.
McKinnon, John Alexander, mc univ Louisiana 68, cb 78, Selma.
Phillips, William Crawford, mc univ Louisiana 73, cb 78, Selma.
Tipton, Frank, mc univ Louisiana 70, cb 78, Selma.
Ward, Edward Burton, mc univ New York 82, cb Hale 82, Selma.
West, Jett Thomas, mc univ Virginia 63, cb 78, Selma.
Williamson, John Hancock, mc Jefferson 59, cb 78, Carlowville.
Wilson, Isam Griffin, mc univ Louisiana 68, cb 73, Adams.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Boykin, James Owen, mc Transylvania 43, cb 78, Tilden.
Burwell, Lincoln Laconia, (colored,) mc Leonard, North Carolina 89, cb 89, Selma.
Darling, Joseph, mc univ Tulane 85, cb 86, Richmond.
DuBose, Frank Dudley, mc South Carolina, cb 78, Orrville.
Hall, John James, mc univ Louisiana 69, cb 78, Orrville.
Hardy, William Robinson, mc South Carolina 61, cb 78, Pleasant Hill.
Hudson, Herbert Sidney, mc univ Maryland 67, cb 78, Summerfield.
Kyser, George Washington, mc univ Virginia 65, cb 78, Richmond.
Lockwood, Frank Octavius, mc South Carolina 54, cb 78, Carlowville.
McKinnon, Kenneth, mc univ Louisiana 52, cb 78, Pleasant Hill.
Moore, Clement Billingslea, mc South Carolina 39, cb 78, Summerfield.
Moseley, Elijah Bucklee, mc univ Louisiana 57, cb 78, Orrville.
Mills, James Barnwell, mc Columbia, D. C., 52, cb 79, Orrville.
Mixon, William, mc univ Louisiana 48, cb 78, Plantersville.
Stewart, William Champney, mc South Carolina 78, cb 78, Soap Stone.
Strong, Allen LaFayette (colored), mc Howard, D. C., 85, cb 86, Selma.
Washington, Samuel Henry (colored), mc Howard, D. C., 85, cb Birmingham 87, Selma.

Graddick, John North (Eclectic), Selma.
Lyons, George G. Jr. (Homeopathist), mc Pulte, Cincinnati 86, Selma.

Moved into the county.—George G. Lyons, jr. (Homeopathist), from Demopolis to Selma; J. M. Davidson, from Charlotte, N. C., to Selma; Lincoln Laconia Burwell (colored), mc Leonard, N. C., 89, cb Dallas 89, to Selma.

DeKALB COUNTY MEDICAL SOCIETY—Greenville, 1885.

OFFICERS.

Pr. James T. Miller; V. Pr. William A. Elrod; Sec. William E. Quin; Tr. ———; H. O. Thomas F. Weaver; Censors, William E. Quin, James T. Miller, Horace P. McWhorter, Thomas F. Weaver, Edward P. Nicholson.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Elrod, William Adison, cb 85, South Hill.
Green, Philmon Beall, mc univ Vanderbilt 85, cb 87, Fort Payne.
Jack, Wallace Early, mc univ Vanderbilt 89, cb 89, Collinsville.
McWhorter, Horace Puckett, mc univ Vanderbilt 85, cb 85, Collinsville.
Miller, James Taylor, mc univ Vanderbilt 78, cb 85, Collinsville.
Nicholson, Edward Pierson, mc univ Nashville 61, cb 85, Valley Head.
Purdon, John Edward, mc univ Dublin, Ireland, cb 85, Valley Head.
Quin, William Everett, mc Kentucky S. of M., 81, cb 85, Fort Payne.
Vann, Andrew Jackson, mc Georgia 55, cb 85. Collinsville.
Weaver, Thomas Fletcher, mc univ Nashville 71, cb 85, Collinsville.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Allyn, Richard Phillip, mc Montreal, Canada, cb 88, Fort Payne.
Bailey, Alfred Henry, non-graduate, cb 85, Musgrove.
Cain, Richard Winn, mc univ Nashville 59, cb 85, Sand Mountain.
Green, Anthony Buell, mc Transylvania 46, cb 85, Fort Payne.
Green, William Mastin, mc univ Vanderbilt 78, cb 85, Fort Payne.
Holiday, Abner Lark, mc Georgia 59, cb 85, Sand Mountain.
Johnson, James Robert, mc Atlanta 77, cb 85, Lebanon.
Johnson, John Kemper, mc univ Vanderbilt 84, cb 85, Fort Payne.
Killian. Henry Everett, non-graduate, Portersville.
Lane, George Washington, non-graduate, Pea Ridge.
Moore, William Evans, mc Atlanta 80, cb Shelby 80, Lebanon.
Patterson, James Jefferson, cb Etowah 81, Albertville.
Pattey, Robert James, non-graduate, Dawson.
Redden, William, non-graduate, cb 85, Sand Mountain.
Seibert, David Ellis, mc Vanderbilt 86, cb Marshall 86, South Hill.
Seibert, Dolphus James, non-graduate, Grove Oak.

Winston, John Nelson, mc univ Louisville 66, cb 85, Valley Head.
Wooten, William (Botanic), Cheves.

Moved into the county—Richard Phillip Allyn, from Quebec, Canada, to Fort Payne.

Moved out of the county—Samuel Verderree White, from Whiton to Anniston, Calhoun county.

Examinations—For the practice of medicine, Samuel Perry Smith, mc Kentucky 88, Wallace E. Jack, mc Vanderbilt 89, William S. DeGolia, mc Albany, New York, 82. Certificates awarded.

ELMORE COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

Pr. William A. Warren; V. Pr. Allen L. Warren; Sec. Oscar S. Justice; Tr. Oscar S. Justice; H. O. Oscar S. Justice; Censors, Allen L. Warren, Meriwether G. Moore, James T. Rushin, Oscar S. Justice, William A. Huddleston.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Fitzpatrick, Phillip, mc univ Louisiana 53, cb 84, Wetumpka.
Huddleston, William Allen, mc Atlanta 80, cb 84, Wetumpka.
Judkins, George Bernard, mc Jefferson 59, cb Macon 79, Wetumpka.
Justice, Oscar Suttle, mc Alabama 85, cb 85, Central Institute.
Moore, Meriwether Gaines, mc univ Pennsylvania 46, cb 84, Wetumpka.
Norton, William Abner, mc Alabama 88, cb 88, Eclectic.
Patterson, Daniel Smith, mc South Carolina 61, cb 84, Central Institute.
Powell, Robert Emmett, cb 84, Tallassee.
Rushin, James Knox, mc univ New York 55, cb 84, Tallassee.
Rushin, James Thomas, mc univ Tennessee 83, cb 84, Tallassee.
Sewell, Neil Baker, mc Jefferson 55, cb 84, Kowaliga.
Warren, William Allen, mc Alabama 85, cb 84, Kowaliga.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Beckett, William Francis, mc univ Louisiana 56, cb 84, Titus.
Fielder, Martin Lucius, mc Ohio 56, cb 84, Eclectic.
Hall, Thomas Dixon, mc univ Pennsylvania 56, cb 84, Coosada.
Jowers, Solomon Franklin, mc Atlanta 55, cb Coosa 83, Central Institute.
Lamar, James Isaac, mc Georgia 52, cb 84, Deatsville.
Lett, Harris Templeton, mc univ Louisville 75, cb 84, Good Hope.
Nix, James Ringold, mc South Carolina 67, cb Talladega 84, Deatsville.

Robinson, Elias Hunt, mc univ Pennsylvania 52, cb 84, Robinson Springs.

Moved into the county—James Ringold Nix, from Talladega to Deatsville; William Abner Norton to Eclectic.

Moved out of the county—James John Hunter, from Wetumpka to Ironaton, Talladega county; Simeon Oceola Humphries, from Oceola to Nixburg, Coosa county.

ESCAMBIA COUNTY MEDICAL SOCIETY—Greenville, 1885.

OFFICERS.

Pr. James A. Wilkinson; V. Pr. Henry H. Malone; Sec. John E. Martin; Tr. John E. Martin; H. O. Stephen C. Henderson; Censors, James A. Wilkinson, James T. Packer, Stephen C. Henderson, George P. Henry, John E. Martin.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bass, James Loraine, mc univ Louisville 87, cb 89, Brewton.
Douglass, William, non-graduate, cb 87, Mason.
Henderson, Stephen Cary, mc Alabama, 87, cb 87, Brewton.
Henry, George Patrick, mc univ Nashville 70, cb 89, Wallace.
Hundley, Asbury Clark, mc univ Louisiana 65, cb 87, Brewton.
Malay, Ramsey Phelps, mc Alabama 84, cb Elmore 84, Pollard.
Malone, Henry Holcombe, mc univ New York 60, cb 86, Brewton.
Martin, John Elijah, mc Alabama 75, cb Bullock 79, Brewton.
McAdory, William Robert, mc Alabama 79, cb 87, Pollard.
Packer, James Thomas, mc Alabama 73, cb Monroe 77, Brewton.
Wilkinson, James Anthony, mc univ Louisville 79, cb 86, Flomaton.

Moved into the county—James Loraine Bass, from Marion, South Carolina, to Brewton; George Patrick Henry, from Nashville to Wallace.

Examinations—For the practice of medicine, James Loraine Bass, mc univ Louisville 87, cb 89, Brewton; George Patrick Henry, mc univ Nashville 70, cb 89, Wallace. Certificates awarded.

ETOWAH COUNTY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

Pr. Joseph Bevans; V. Pr. Robert F. McConnell; Sec. and Tr. Milton R. Wright; H. O. Milton R. Wright; Censors, Milton R. Wright, John P. Ralls, Joseph Bevans, John P. Stewart, Andrew B. Small.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Baker, Daniel Harris, mc univ Vanderbilt 82, cb 83, Gadsden.

Baskins, Walter Colquitt, mc Georgia Reform 59, cb 82, Coats' Bend.
Bevans, Joseph, cb 78, Gadsden.
Bynum, George Washington, mc univ Tennessee 86, cb Blount 86, Walnut Grove.
Camp, Erasmus Taylor, mc Alabama 85, cb Cleburne 85, Gadsden.
Ewing, William Thomas, mc St. Louis 49, cb 78, Gadsden.
Funderburg, William Lewis, mc Southern 82, cb DeKalb 86, Hill.
Landers, Franklin Pierce, mc Atlanta 73, cb 84, Hoke's Bluff.
McConnell, Robert Franklin, mc South Carolina 81, cb St. Clair 81, Attalla.
Ralls, John Perkins, mc Georgia 44, cb 78, Gadsden.
Small, Andrew B., mc Memphis 88, cb 88, Attalla.
Stewart, John Pope, mc Alabama 86, cb 86, Attalla.
Wood, James William, mc univ Vanderbilt 81, cb 81, Attalla.
Wright, Milton Roil, mc Alabama 73, cb 78, Gadsden.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bevans, Edward Ganby, mc Alabama 78, cb 78, Gadsden.
Coggan, William Thomas, Keener.
Dowdy, Edgar Lee, mc univ Vanderbilt 76, cb 78, Keener.
Dozier, Marshall Elias, mc Atlanta 61, cb 78, Attalla.
Ellison, James Henry, mc univ Tennessee 88, cb Blount 88, Walnut Grove.
Garlington, William Henry, mc South Carolina 56, cb 78, Walnut Grove.
Liddell, Frank Apling, mc Southern 83, cb 84, Aurora.
Liddell, John Benson, mc Atlanta 82, cb 82, Gadsden.
Sampler, Robert Johnson, cb St. Clair 84, Gadsden.
Stephens, Isaac Marion, mc univ Vanderbilt 81, cb 78, Gadsden.
Teague, Frank Bowden, mc univ Tennessee 80, cb 80, Oak Hill.

Moved into the county—James H. Ellison, from Blount county to Walnut Grove; Joseph Henry Lester, from Jefferson county to Attalla; Frank Apling Liddell, from Seddon, St. Clair county, to Aurora; Ralph Morgan Russell, from Georgia to Gadsden; Andrew B. Small, from Collinsville, DeKalb county, to Attalla.

Moved out of the county—Max James Corput, from Gadsden to Georgia; Robert Norman Kittrell, from Gadsden to Nashville, Tennessee.

Examinations—For the practice of medicine, William Thomas Coggan; John Daniel Piper; Ralph Morgan Russell; Andrew B. Small. Certificates awarded.

FAYETTE COUNTY MEDICAL SOCIETY—Selma, 1884.

OFFICERS.

Pr. George J. Collins; V. Pr. Jonathan S. Hollis; Sec. Thomas C. Morton; Tr. ———; H. O. Thomas B. Woods; Censors, George J. Collins, Jonathan S. Hollis, Alexander W. Agnew, Thomas B. Woods, Abraham K. Newton.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Agnew, Alexander Washington, mc Transylvania 44, cb 84, Fayette C. H.
Collins, George Jackson, mc Alabama 74, cb 84, Pilgrim.
Duncan, John Harvey, mc univ Vanderbilt 86, cb Pickens 86, Fayette C. H.
Hocutt, Lucius Thornton, mc Atlanta 82, cb 84, Davis' Creek.
Hollis, Jonathan Shelton, mc Alabama 84, cb 84, Brockton.
Jones, William Wilber, cb Tuscaloosa (old law) 68, cb 84, Newtonville.
Lane, Jesse Washington, mc Louisville 86, cb 86, New River.
Linn, Jesse W., mc Georgia 58, cb 88, Spencer.
Morton, Thomas Clarke, cb Lamar 71, cb 84, Erwin.
Newton, Abraham Kilby, mc Southern 83, cb 84, Berry Station.
Seay, Mark Rollen, cb Lamar 83, cb 86, Berry Station.
Savage Victor, mc univ Vanderbilt 88, cb 88.
Shelton, Henry, cb Tuscaloosa (old law) 48, cb 84, Fayette C. H.
Smothers, Benjamin Harrison, mc Alabama 85, cb 87, Bankston.
Woods, Thomas Bailey, mc univ Louisville 72, cb 84, Wayside.
Wright, Alexander W., mc univ New York 76, cb 86, Cave Spring.

Moved into the county—Mark Rollen Seay, from Fernbank, Lawrence county to Berry's Station.

Moved out of the county—Lewis Clay Harvey, from Fayette Court House to parts unknown; Daniel T. Morrow, from Berry's Station to Walker county; Abram Virgil Ponder from Berry's Station to Lawrence county.

Examinations—For the practice of medicine, Victor Savage, mc univ Vanderbilt 88. Certificate awarded.

FRANKLIN COUNTY MEDICAL SOCIETY—Tuscaloosa, 1887.

OFFICERS.

Pr. Charles P. Banks; V. Pr. Oscar Sargent; Sec. Louis W. Desprez; Tr. Louis W. Desprez; H. O. William M. Cleere; Censors, Charles P. Banks, John K. Clarke, Sr., Oscar Sargent; William W. Cleere, Louis W. Desprez.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Banks, Charles Peters, mc Nashville 55, cb 88, Newberg.
Barnes, Thomas Benton, mc Bellevue 86, cb 87, Burleson.
Clarke, John King, Sr., mc Nashville 56, cb 88, Russellville.
Clarke, John King, Jr., mc Vanderbilt 81, cb 88, Newberg.
Clarke, John M., cb 88, Russellville.
Cleere, William Watkins, mc Vanderbilt 82, cb 88, Bel Green.
Desprez, Louis Willoughby, mc Alabama 77, cb 78, Russellville.
Gill, Charles, cb 88, Newberg.
Harris, John C., cb 88, Russellville.
Hughes, Charles, cb 88, Pleasant Sight.
Pike, J. H., cb 88, Pleasant Sight.
Sargent, Oscar, mc Vanderbilt 81, cb 88, Isbell.
White, Robert Josiah, cb 88, Burleson.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Sevier, Benjamin B., cb 87, Bel Green.
Sevier, Daniel P., cb 87, Russellvile.

GENEVA COUNTY MEDICAL SOCIETY—Montgomery, 1888.

OFFICERS.

Pr. Millard F. Fleming; V. Pr. Benjamin W. Finney; Sec. Sidney F. Latimer; Tr. Sidney F. Latimer; Censors, Millard F. Fleming, Charles W. Williams, Benjamin W. Finney.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Ard, James H., cb 88, Geneva.
Bolling, William, cb 88, Martha.
Finney, Benjamin W., mc New York 54, Coffee Springs.
Fleming, Millard F., cb 88, Sanders.
Henderson, John G., cb 88, Limestone, Fla.
Hilliard, Charles Wesley, mc Georgia Reform 60, cb 88, Geneva.
Howell, David D., mc South Carolina 53, cb 88, Geneva.
Latimer, Sidney F., cb 88, Geneva.
Mathews, James H., cb 88, Dundee.
Powell, Samuel B., cb 88, Dundee.
Sheets, Joseph B., cb 88, Dundee.
Treadwell, Henry P., cb 88, Geneva.
Ward, Thomas Jefferson, cb 88, Watford.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Clements, John M., cb Greene —, Elton.

GREENE COUNTY MEDICAL SOCIETY—Selma, 1879.

OFFICERS.

Pr. John J. A. Smith; V. Pr. John S. Minor; Sec. James P. Barclay; Tr. James P. Barclay; H. O. Thomas W. Pierce; Censors, Augustus M. Duncan, Dabney O. McGehee, Samuel S. Murphy, Thomas T. Byrd, James P. Barclay.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Barclay, James Paxton, mc univ New York, 71, cb 79, Eutaw.
Byrd, Robert Taylor, mc univ New York 69, cb 80, Boligee.
Duncan, Augustus Meek, mc Alabama 74, cb 79, West Greene.
McGehee, Dabney Oswell, mc Alabama 72, cb 79, Knoxville.
Minor, John Launcelotte, mc Alabama 83, cb 83, Mount Hebron.
Mobley, William Americus, mc Alabama 75, cb 79, West Greene.
Murphy, Samuel Silenus, mc Alabama 81, cb 84, Pleasant Ridge.
Pierce, Thomas William, mc univ Virginia 57, cb 79, Knoxville.
Smith, John James Alexander, mc Atlanta 58, cb 79, Union.
Webb, Henry Young, mc Jefferson 46, cb 79, Eutaw.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Ashers, David Crockett, mc St. Louis 60, cb Tuscaloosa 81, Clinton.
Byrd, Alexander Hamilton, mc univ New York 69, cb 80, Burton's Hill.
Kimbrough, William Ellis, mc univ Louisville 83, cb Washington 86, Forkland.
LaGree, Henry, mc univ New York 86, cb 87, Forkland.
Morgan, Isaac DuBose, mc univ Pennsylvania 58, cb 79, Eutaw.
Purnell, James Knox, cb Pickens 88, Clinton.
Smith, Armand Pfister, mc Kentucky 75, cb 79, Knoxville.
Snoddy, Samuel, mc Transylvania 31, cb 79, Mantua.
Snoddy, Virgil, mc Alabama 73, cb 79, Mantua.
White, John McElroy, mc univ Vanderbilt 79, cb 82, Pleasant Ridge.

Moved into the county—David Crockett Asher, from Tuscaloosa to Clinton; William Ellis Kimbrough to Forkland; James Knox Purnell, from Pickens county to Clinton; Edward Coleman Pearson.

Moved out of the county—William Fletcher Thetford, from Boligee to Talladega.

Deaths—James Spann Boyce, M. D., mc univ Louisville 82, cb 82, Clinton, February 11, 89, of consumption; Joseph F. Moore, M. D., mc Alabama 82, cb Sumter 82, Forkland, November 8, '88, of congestion; Newton Cyrus Piles, M. D., mc Jefferson 60, cb 79, Clinton, September 18, 1888, of heart disease; Charles Peake Sanders, M. D., Pleasant Ridge.

HALE COUNTY MEDICAL SOCIETY—Montgomery, 1875.

OFFICERS.

Pr. Francis M. Peterson; V. Pr. Jacob Huggins; Sec. Richard Inge; Tr. Richard Inge; H. O. Jacob Huggins; Censors, Francis M. Peterson, Elisha Young, Thomas R. Ward, Jacob Huggins, Richard Inge.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Avery, William Cushman, mc univ Pennsylvania 57, cb 78, Greensboro.
Borden, James Pennington, mc Southern 73, cb 78, Greensboro.
Dillard, Peter Hairson, mc univ Virginia 70, cb Tuscaloosa 85, Sawyerville.
Duggar, Reuben Henry, mc univ Pennsylvania 58, cb 78, Gallion.
Gwinn, William Christopher, mc Louisiana 78, cb 78, Akron.
Huggins, Jacob, mc univ Pennsylvania 60, cb 78, Newberne.
Inge, Richard, mc univ New York 71, cb 78, Greensboro.
Owens, William Harrison, mc univ Nashville 80, cb 81, Havana.
Peterson, Francis Marion, mc univ New York 68, cb 78, Greensboro.
Pickett, Joseph Martin, mc Alabama 74, cb 78, Cedarville.
Tidmore, James Adams, mc Kansas City 84, cb 89, Havana.
Ward, Thomas Robert, mc South Carolina 53, cb 78, Greensboro.
Wedgeworth, William McNeil, mc phy and surg Baltimore 84, cb 85, Newburne.
Young, Elisha, mc Jefferson 59, cb 78, Greensboro.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Anderson, Thomas Jefferson, mc univ Pennsylvania 52, cb 78, Akron.
Browder, Joseph D., mc Jefferson 52, cb 78, Gallion.
Browder, William Monroe, mc univ New York 88, cb 88, Gallion.
Spencer, George M., cb Tuscaloosa 78, Dominick.
Turk, William Luther, mc univ Nashville 82, cb 83, Gallion.
Wilburn, John Calhoun, mc Jefferson 78, cb 78, Carthage.

Moved into the county—Peter Hairson Dillard, from Tompkinsville, Choctaw county, to Sawyerville.

Examination—For the practice of medicine, William M. Browder. Certificate awarded.

HENRY COUNTY MEDICAL SOCIETY—Birmingham, 1883.

OFFICERS:

Pr. Fleming I. Moody; V. Pr. John I. Darby; Sec. Oscar Dowling; Tr. Charles F. Sporeman; H. O. John I. Darby; Censors, John P. Crawford, William J. Lee, Fleming I. Moody, George A. Hammond, John I. Darby.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Balkum, James Albert, mc phy and surg Baltimore 85, cb 85, Dothen.
Crawford, John Peter, mc univ Louisville 51, cb 83, Columbia.
Darby, John Isaac, mc univ Louisville 80, cb Barbour 82, Columbia.
Dowling, Oscar, mc univ Vanderbilt 88, cb Dale 88, Columbia.
Hammond, George Abner, mc phy. and surg. Baltimore 84, cb 84, Gordon.
Hardwick, William Pleasant, mc Alabama 87, cb 88, Headland.
Lee, William Joseph, mc univ Louisiana 60, cb 83, Abbeville.
Minter, John Frederick, mc Georgia 78, cb 83, Columbia.
Moody, Fleming Isaac, mc phy and surg Baltimore 76, cb 83, Dothen.
Payne, James Washington, mc Alabama 86, cb Dale 87, Dothen.
Price, John Edmund, mc univ Nashville 61, cb 87, Abbeville.
Sporeman, Charles Francis, mc Alabama 87, cb 87, Headland.

PAYSICIANS NOT MEMBERS OF THE SOCIETY.

Blackledge, John R., mc Alabama 89, Abbeville.
Brooks, George Washington, mc Atlanta 58, Dothen.
Byrd, John Simmons, mc univ Louisville 76, cb 84, Wesley.
Carroll, Robert Daniel, one course 83, cb Geneva 88, Dothen.
Flowers, Robert Milton, mc univ Louisville 86, cb —, Lawrenceville.
Fowler, John Linsley, mc South Carolina 51, cb 83, Shorterville.
Fowler, John Thomas, mc South Carolina 83, cb 84, Shorterville.
Hill, Amon, one course, Otho.
Howell, James Richard George, one course 85, cb Dale 87, Dothen.
Lewis, James Langston, mc Atlanta 84, cb 84, Bush.
Long, James Benjamin, mc Louisville 81, cb 83, Abbeville.
Oates, Wyatt Samuel, one course, Headland.
Phillips, Benjamin, without authority, Dothen.
Powell, Lamb G., one course, Grafton.
Stovall, John Henry, Columbia.
Vaughan, David Horacio, mc Atlanta 88, Gordon.
Walden, William Preston, mc Alabama 82, cb Barbour 82, Headland.
Williams, Henry, one course, Headland.

Moved into the county—George W. Brooks, from Fort Gaines, Georgia, to Dothen; James A. Balkum, from Texas back to Dothen; Oscar Dowling, from Ozark, Dale county, to Columbia; John H. Stovall, from Florida to Columbia; David H. Vaughan, from Newton, Dale county, to Gordon.

Deaths—John Thomas Stovall, M. D., Columbia, January 29, 1889; over dose of chloral.

JACKSON COUNTY MEDICAL SOCIETY—Mobile, 1882.

OFFICERS.

Pr. George W. Foster; V. Pr. William C. Maples; Sec. Andrew Boyd; Tr. William C. Maples; H. O. Andrew Boyd; Censors, William C. Maples, George W. Foster, James M. Dicus, James R. Tarrant, John H. McCord.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Allen, James Beckerel, mc univ Tennessee 87, cb 87, Stevenson.
Blackmore, Alexander Newton, mc univ Tennessee 80, cb 82, Dodsonville.
Boyd, Andrew, mc phy. and surg. Baltimore 88, cb 88, Scottsboro.
Boyd, James Harvey, mc univ Nashville 60, cb 82, Larkinsville.
Brewer, Joseph Mitchell, mc univ Vanderbilt 82, cb 82, Trenton.
Dicus, James Madison, mc Alabama 86, cb 86, Scottsboro.
Foster, George Winfield, mc univ Nashville 82, cb 82, Stevenson.
Hayes, George Thomas, mc Alabama 87, cb DeKalb 87, Maynard's Cove.
Horton, John Jackson, mc univ Vanderbilt 81, cb 84, Stevenson.
Knowlton, John Wiley, mc univ Vanderbilt 83, cb 84, Paint Rock.
Maples, William Caswell, mc univ Tennessee 81, cb Madison 82, Bellefonte.
McAfee, Green Prior, cb Shelby 76, cb 82, Line Rock.
McCord, David Blackburn, mc univ Nashville 55, cb 82, Scottsboro.
McCord, John Harvey, cb 82, Scottsboro.
Rorex, James Polk, mc Alabama 75, cb 82, Scottsboro.
Tarrant, James Richard, mc Alabama 87, cb 87, Fackler.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Adkins, Charles William, mc univ Louisiana 68, cb 84, Langston.
Allen, William Henry, mc univ Louisiana (one c) 67, cb 84, Langston.
Clarke, John Fletcher, cb 84, Garth.
Derrick, LaFayette, cb 84, Woodville.
Gattis, Henry Franklin, cb 84, Woodville.
Graham, Michael, cb 84, Stevenson.
Grant, Felix Robertson, cb 84, Larkins' Fork.
Harralson, Jefferson B., mc univ Vanderbilt 88, cb Marshall 88, Langston.
Hudson, James Madison, Tupelo.
Lee, Elisha Lightfoot, mc univ Vanderbilt 73, cb 84, Bridgeport.
Mason, William, mc Transylvania 46, cb 84, Fabius.
Parks, James Weaver, cb 84, Scottsboro.
Robertson, James Osgood, cb 84, Garth.
Smith, Barton Brown, mc univ Nashville 67, cb 82, Larkinsville.
Smith, William Barton, cb 86, Line Rock.
Spiller, William Kingston, mc univ Nashville 74, cb 84, Bridgeport.

Moved into the county—George Thomas Hayes, from DeKalb county to Maynard's Cove; Jefferson B. Harralson, from Miltonsville, Marshall county, to Langston.

JEFFERSON COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

Pr. James H. McCarty; V. Pr. Wm. E. B. Davis; Sec. George S. Brown; Tr. Thomas D. Parke; H. O. John C. Dozier; Censors, John W. Sears, Edward H. Sholl, Henry N. Rosser, Wm. Locke Chew, B. Leon Wyman.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Abernethy, Jones Cadwalader, mc univ Louisiana 59, cb Marengo 78, Birmingham.
Baird, William James, mc univ Maryland 82, cb 88, Birmingham.
Barclay, John Wyethe, mc Jefferson 69, cb Madison 78, Birmingham.
Brown, George Summers, mc Jefferson 85, cb 87, Birmingham.
Burgamy, William Purifoy, mc Jefferson 55, cb 80, Birmingham.
Caffee, Samuel Richmond, Miami, Ohio, 81, cb Tuscaloosa 81, Birmingham.
Carson, Shelby Chadwick, mc Louisville 74, cb Greene 79, Bessemer.
Chew, William Locke, mc univ Louisiana 86, cb Jefferson 86, Birmingham.
Cochrane, Hardin Perkins, mc univ New York 74, cb Tuscaloosa 82, Birmingham.
Coleman, Ruffin, mc univ Nashville 69, cb Limestone 78, Birmingham.
Cooper, William Dudley, mc Jefferson 69, cb Lee 82, Birmingham.
Culberson, John Thomas, mc univ Maryland 86, State Board 86, Birmingham.
Curry, James B., mc Alabama 87, cb Pickens 87, Bessemer.
Davidson, James, mc Alabama 87, cb 87, Birmingham.
Davis, John Daniel Sinkler, mc Georgia 79, cb St. Clair 79, Birmingham.
Davis, William Elias Brownlee, mc Baltimore 84, cb 84, Birmingham.
Douglass, Albert Gallatin, mc univ Vanderbilt 81, cb 81, Birmingham.
Dozier, John Calhoun, mc univ Nashville 58, cb Perry 79, Birmingham.
Drennen, Charles, mc Alabama 72, cb Blouut 78, Birmingham.
Drennen, Charles Travis, mc Rush, Ohio, 85, cb Cullman 85, Birmingham.
Gibson, Jefferson Davis, mc Alabama 87, cb Tuscaloosa 87, Birmingham.
Gillespie, John Sharpe, mc Miami, Ohio, 83, cb Jefferson 83, Birmingham.
Griggs, John Gardner, mc univ Pennsylvania 63, cb Macon 86, Birmingham.

Hayes, John Monroe, mc univ Nashville 57, cb 86, Birmingham.
Hendley, Albert Thomas, mc univ New York 69, cb 84, Birmingham.
Johnston, William Henry, mc univ New York 67, cb Dallas 78, Birmingham.
Jones, Bolivar Thomas, mc Alabama 86, cb Pickens 86, Birmingham.
Jones, Capers Capehart, mc univ Pennsylvania 70, cb Wilcox 79, East Lake.
Ledbetter, Samuel Leonidas, mc univ Louisville 76, cb 78, Birmingham.
Martin, James Phillip, mc Bellevue Hospital 83, cb Barbour 84, Birmingham.
McCarty, James Henry, mc Atlanta 80, cb 83, Birmingham.
Morris, Edward Watts, mc univ Virginia 84, cb 87, Birmingham.
Page, John Randolph, mc univ Virginia 50, cb 88, Birmingham.
Park, Thomas Duke, mc univ New York 79, cb Dallas 84, Birmingham.
Perry, Samuel, mc South Carolina 54, cb Perry 78, Birmingham.
Pinkston, James Madison, mc phy and surg Baltimore 78, cb Marengo 80, Birmingham.
Prince, Francis Marion, mc Jefferson 49, cb Jefferson 78, Bessemer.
Riggs, Edward Powell, mc phy and surg Baltimore 81, cb Dallas 78, Birmingham.
Ransom, William Washington, mc univ Vanderbilt 88, cb 88, Birmingham.
Robertson, Thaddeus Lindsay, mc Jefferson 61, cb Calhoun 87, Birmingham.
Rosser, Henry Nollner, mc Atlanta 69, cb Shelby 69, Birmingham.
Sears, John William, mc univ Pennsylvania 50, cb Jefferson 78, Birmingham.
Shoemaker, Wooten Ney, mc Columbus, Ohio, 78, cb 78, Birmingham.
Sholl, Edward Henry, mc univ Pennsylvania 56, cb Sumter 77, Birmingham.
Sexton, Charles Richard, mc univ Louisiana 75, cb Tuscaloosa 78, Birmingham.
Webb, Robert Dickens, mc univ Virginia 55, cb Sumter 78, Birmingham.
Whaley, Lewis, mc Atlanta 73, cb Blount 79, Birmingham.
Whelan, Charles, mc univ Louisiana 66, cb 78, Birmingham.
Wilson, Cunningham, mc univ Pennsylvania 84, cb 84, Birmingham.
Wyman, Benjamin Leon, mc univ Virginia 78, mc New York 79, cb Tuscaloosa 82, Birmingham.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Abercrombie, John Patterson, mc Alabama 80, cb 82, Cedar Grove.
Acton, Samuel Watson, mc Alabama 60, cb Marengo 78, Trussville.
Alexander, Howard Augustus, s. of m. Kentucky 75, cb Macon 79, Birmingham.
Ball, John, college not given, cb Cullman 87, Avondale.

Berry, Robert A., mc univ Virginia 82, cb 85, Birmingham.
Bevans, James Madison, mc univ Louisville 72, cb Madison 71, Warrior.
Blakely, Ernest Maltravers, mc Meeharry 87, cb Montgomery 87, Birmingham.
Brewster, Andrew Jackson, mc Alabama 80, cb 87, Birmingham.
Brown, George Washington, mc Atlanta 77, cb 78, Pratt Mines.
Brown, Thomas Jefferson, mc univ Vanderbilt 85, cb 86, Pratt Mines.
Brown, James A., mc univ Virginia 87, cb Conecuh 87, Ensley.
Carter, James Watkins (old law), cb Limestone 78, Bessemer.
Chapman, John Thomas, mc Alabama 86, cb Marengo 86, Bessemer.
Clayton, Benjamin L , mc univ Vanderbilt 82, cb St. Clair 82, Ayres.
Cook, William Henry, (old law) 57, cb Morgan 80, Birmingham.
Copeland, Benjamin Grigsby, mc Jefferson 83, cb Limestone 83, Birmingham.
Cotton, Robert, mc univ Louisiana 67, cb Jefferson 86, Ensley.
Cross, Thomas, college and certificate not given, Warrior.
Cross, Samuel Mardis, mc Georgia 60, cb 78, Woodlawn.
Crow, Phillip P., mc univ Nashville 77, cb St. Clair, Coalburg.
Crump, Henry Green (college not given), cb St. Clair 87, Birmingham.
Cunningham, Russell McWhorter, mc Baltimore 79, cb 83, Pratt Mines.
Curry, James C., mc Alabama 86, cb 86, Bessemer.
Downing, John Wesley, mc Jefferson 57, cb 87, Avondale.
Dryer, Thomas Edmund, mc Atlanta 85, cb Macon 86, Birmingham.
Edwards, Alva Curtis, cb Coosa (old law) 57, cb 86, Birmingham.
Edwards, Robert Smith, mc Atlanta 71, cb 78, Trussville.
Ellis, Gideon Wesley, college not given, cb 76, Morris.
Elsberry, J. P., mc univ Virginia 60, cb Montgomery 84, Redding.
Finch, John, college, certificate and post-office not given.
Foster, William Condie, mc univ Louisiana 82, cb Choctaw 84, Birmingham.
Gamble, John Wesley, cb Jefferson (old law), Huffman.
Gamble, William M., college, certificate and residence not given.
Griffith, William, mc phy and surg Baltimore 87, Pratt Mines.
Green, Robert Smith, mc Alabama 60, cb 87, New Castle.
Hayes, James Simpson, college not given, cb Walker 81, Brooksville.
Heasley, William Thomas, college not given, cb Madison, ——.
Hale, William Lewis, mc Alabama 78, cb 88, Bessemer.
Haney, Newton Bolivar, mc univ Vanderbilt 81, cb Walker 82, Birmingham.
Harwell, John T., mc Atlanta 82, cb Madison 87, Birmingham.
Hawkins, Richard Nathaniel, mc Miami, Ohio 69, cb Shelby 80, Elyton.
Heddleston, James Lawrence, mc South Carolina 55, cb 88, Gate City.
Huey, John Frederick, mc Baltimore 87, cb 87, Pratt Mines.
Jernigan, Charles Henry, mc Jefferson 54, cb Bullock 80, Birmingham.
Jones, John Thomas, mc univ Tulane 85, cb 88, Birmingham.

Jones, Edward J., college and certificate not given, Henry Ellen.
Klebs, Thomas A., charity hospital N. O., cb 87, Birmingham.
Kilbrough, J. M., college and certificate not given, Birmingham.
Lacy, Edward Parish, mc univ Vanderbilt 83, cb Shelby 83, Dolomite.
Lewis, Francis Porcher, mc South Carolina 76, cb 86, Coalburg.
Luckie, James Buchner, mc univ Pennsylvania 55, cb 77, Birmingham.
Oates, David Dunlap, mc univ Pennsylvania 60, cb 79, Leeds.
Oliver, Henry F., cb 57 (old law), cb Butler 81, Woodlawn.
Owen, William M., cb 57 (old law), cb Tuscaloosa 78, Jonesboro.
Paine, John, mc Jefferson 86, cb Shelby 86, Hillman.
Pearson, Edward Caliman, mc univ Louisville 73, cb 78, Birmingham.
Plecker, Walter Ashbury, mc univ Maryland 85, cb 86, Morris Mines.
Posey, William Felix, mc Alabama 51, cb 78, Mt. Pinson.
Pouncy, John B., cb (old law) 57, cb Bullock 81, Birmingham.
Ragsdale, Edward Socrates, mc Georgia, cb Perry 78, Bessemer.
Robbins, Jesse Elbert, mc South Carolina 86, cb 87, Brooksville.
Robinson, Elisha M., mc univ Louisiana 85, cb Blount 86, Bessemer.
Robinson, Jasper B., mc univ Vanderbilt 69, cb St. Clair 78, Bessemer.
Robinson, John Pendance, college not given, Bessemer.
Robinson, Thomas F., mc univ Vanderbilt 85, cb 86, Bessemer.
Roberts, Martin, college not given, cb 79, Warrior.
Spencer, Lucian O., mc Miami, Ohio 85, cb 86, Jonesboro.
Staggs, John B., of uncertain whereabouts, Elliott.
Statum, Job, mc Atlanta 88, cb 88, Elliott.
Van, James Bird, mc univ Louisiana 81, cb 82, Huffman.
Ward, Jesse, college and certificate not given, Partridge.
Wheeler, Samuel Harvey, mc Atlanta 73, cb Blount 78, Birmingham.
Whissenhant, L. D., college and certificate not given, Morris.
Wilson, Abel Robin, mc Georgia 60, cb Morgan 78, Birmingham.
Woodson, Lewis G., mc univ Maryland 86, cb 88, Birmingham.
Woolerton, Samuel Harvey, mc univ Pennsylvanin 86, cb 86, Oxmoor.

Moved into the county—John Ball, from Blount county to Avondale; Jno. M. Baird, to Birmingham; James A. Brown, from Virginia to Ensley; John T. Chapman to Bessemer; B. L. Clayton to Ayers; Thomas Cross to Warrior; Phillip P. Crow to Coalburg; J. P. Elsberry, from Montgomery county to Redding; Wm. L. Hale to Bessemer; H. L. Hayes to Brookside; James Lawrence Heddleston to Gate City; C. C. Jones, from Furman, Wilcox county to Eastlake; E. J. Jones to Henry Ellen; W. M. Owen to Jonesboro; J. B. Pouncy to Birmingham; Job Statum, J. B. Stagg, to Elliott; Jesse Ward to Partridge; L. D, Whissenhant to Morris.

Moved out of the county—Edward P. Earle, from Birmingham to Cognac, France; William Sterling Edwards, from Birmingham; R. H. Hargrove to Nashville; Robert Julien Mathews from Bryan Station; Horace Lee Simpson from Birmingham.

Deaths—Brice Martin Hughes, M. D., mc univ Louisiana 82, Birmingham, July 3, 88, suicide; Charles Calvin Gregory, M. D., cb Tuscaloosa, Birmingham; Mortimer Harvey Jordan, M. D., mc Miami, Ohio 68, cb 88, Birmingham, of fibroid phthisis.

LAMAR COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

Pr. William L. Morton; V. Pr. ——— ——; Sec. Martin W. Morton; Tr. Martin W. Morton; H. O. Robert J. Redden; Censors, William L. Morton, Martin W. Morton, Robert J. Redden, William F. Elliott.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Box, Daniel William, mc Alabama 85, cb 85, Military Springs.
Burns, George Crothers, cb 78, Vernon.
Collins, William James, cb 77, Kingsville.
Elliott, William Farris, one course Louisville 57, cb 77, Beaverton.
Hollis, Daniel Dixie, mc phy and surg Baltimore 84, cb 84, Sulligent.
Morton, Martin Watson, mc Cincinnati, Ohio 73, cb 77, Vernon.
Morton, William Locke, mc univ Louisiana 74, cb 77, Vernon.
Redden, Robert James, mc univ Baltimore 73, cb 77, Sullĭgent.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Armstrong, William, cb 80, Detroit.
Barksdale, James Ira, mc univ Nashville 72, cb 86, Hudson.
Blakeney, Louis Columbus, mc Alabama 74, cb 77, Millport.
Collins, George Jackson, mc Alabama 74, cb 80, Kennedy.
Kennedy, John Oscar, mc Alabama 82, cb 82, Kennedy.
Kennedy, William Henderson, mc univ Nashville 51, cb 77, Kennedy.
Seay, Thomas Jefferson, cb 77, Fernbank.

Moved out of the county—Mark Seay, from Fernbank to Berry Station, Fayette county; James S. Stanley, from Detroit to Mississippi.

LAUDERDALE COUNTY MEDICAL SOCIETY—Tuscaloosa, 1887.

OFFICERS.

Pr. Hugh L. Ray; V. Pr. Hiram R. Kennedy; Sec. Percy J. Price; Tr. ——— —; H. O. Leonard W. Arnold; Censors, William M. Price, Henry A. Moody, Hugh L. Ray, Emmet L. Jones, Jesse A. Pate.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Arnold, Leonard Waring, mc univ New York and Vanderbilt 82, cb 87, Florence.
Douglass, James Albert, mc univ Nashville 68, cb 88, Centre Star.

Duckett, Levi Fowler, mc Atlanta 56, cb 87, Florence.
Haraway, William Epps, mc univ Nashville 56, cb 87, Florence.
Henderson, Alexander Holmes, mc univ Nashville 76, cb 87, Bailey Springs.
Jones, Emmet Lee, mc Alabama 86, cb 87, Florence.
Kennedy, Hiram Richard, mc univ Louisville 79, cb 87, Green Hill.
Moody, Henry Altamont, mc univ Louisville 66, cb 87, Florence.
Pate, Jesse Americus, mc univ Louisville 75, cb 87, Rodgersville.
Powers, Alexander Hamilton, mc univ Louisville 71, cb 87, Waterloo.
Price, Percy Isaac, mc univ New York and Vanderbilt 86, cb 87, Florence.
Price, William Mason, mc univ New York and Vanderbilt 65, cb 87, Florence.
Ray, Hugh Leonidas, mc univ New York and Vanderbilt 71, cb 87, Florence.
Stewart, Edward Munroe, mc univ New York and Vanderbilt 68, cb 87, Oakland.
Stewart, James William, mc univ Louisiana 58, cb 87, Florence.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Hannum, Anthony Butler, mc univ Nashville 60, cb 87, Pruitton.
Johnson, Stephen, mc univ Louisville 51, cb 87, Raw Hide.
Kernachan, William Jones, mc univ Vanderbilt, 79, cb 88, Florence.
Morgan, James Thomas, mc univ Nashville 61, cb 87, Florence.
Powell, William Washington, mc univ Michigan 55, cb 88, Pruitton.
Richardson, Wiley William, mc univ Louisville 88, cb 89, Centre Star.
Sullivan, Oliver Brown, mc univ Louisville 47, cb 87, Waterloo.

Moved out of the county—John Gordon Frierson, from Florence to Courtland, Lawrence county; Samuel Outison Paulk, from Raw Hide, to Tennessee; Charles McAlpine Watson, from Florence to Tuscumbia, Colbert county.

Examination—For the practice of medicine, Wiley William Richardson, mc univ Louisville 88, Centre Star. Certificate awarded.

Deaths—Thomas Jefferson Crittenden, M. D. (retired), Covington, of consumption; Albert O. Oliver, M. D., Rogersville.

LAWRENCE COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

Pr. Edward C. Ashford; V. Pr. Robert M. Simpson; Sec. William J. McMahon; Tr. William J. McMahon; H. O. William J. McMahon; Censors, Henry B. Burgett, John G. Frierson, John R. McDonald, Edgar Rand, Robert M. Simpson.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Ashford, Edward Clinton, mc univ Louisiana 57, cb 78, Courtland.
Binford, Littleberry Hardeman, mc Jefferson 51, cb 78, Courtland.
Burkett, Henry Bascomb, mc phy and surg Baltimore 78, cb 78, Hillsboro.
Clarke, John McWhorter, mc univ Louisville 50, cb 78, Moulton.
Crow, Calvin Augustus, mc Jefferson 51, cb 78, Moulton.
Ethridge, Benjamin Franklin, mc Memphis 86, cb 86, Avoca.
Frierson, John Gordon, mc univ Vanderbilt 86, cb 88, Courtland.
Hodges, John Pruit, mc univ Nashville 72, cb 78, Oakville.
Houston, Leonidas Walton, mc univ Nashville 77, cb 78, Town Creek.
Jones, Thomas N., mc univ Louisville 78, cb 78, Mount Hope.
Martin, John Rufus, mc univ Louisville 69, cb 78, Hatton.
Masterson, Byron O., mc univ Indiana 59, cb 78, Avoca.
Masterson, John Thomas, phy and surg Philadelphia 72, cb 78, Moulton
McDonald, John Robert, mc univ Nashville 67, cb Limestone 78, Town Creek.
McMahon, William Jack, Long Island c h 60, s of m New Orleans 61, cb 78, Courtland.
Rand, Edgar, mc Alabama 67, cb 78, Leighton.
Simms, Edgar Thomas, univ m and s Philadelphia 69, cb 78, Hillsboro.
Stanley, William Henry, mc univ Vanderbilt 87, cb 87, Brick.
Simpson, Robert Miles, mc univ Vanderbilt 76, cb 89, Moulton.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Carter, Parkerson Patrick, cb Lowndes 79, Brick.
Biddle, E. J., cb Lowndes 78, Mt. Hope.
Edwards, John Wilson, mc univ Louisville 69, cb 78, Town Creek.
Fish, William Fletcher, mc univ New York 56, cb Limestone 78, Landersville.
Howell, Rufus, mc Memphis 88, cb 78, Hatton.
Jones, Thomas Crittenden, mc univ Louisville 76, cb 78, Mount Hope.
King, Benjamin Rush, mc univ Pennsylvania 58, cb 78, Leighton.
Masterson, A., mc univ Louisville 89, cb 89, Avoca.
Masterson, Thomas, mc univ Louisville 89, cb 89, Landersville.
Pitt, James Thomas, mc univ Nashville 86, cb 89, Hillsboro.
Robinson, John Alexander, mc St. Louis 72, cb 89, Leighton.
Shegog, George, mc King's, Dublin 46, cb 89, Brick.

Moved out of the county—William L. Dinsmore, from Town Creek to Decatur—retired; Reese Bowen Porter, Town Creek.

Deaths—George Washington Bowling, M. D., Landersville; Fortunatus Sidney McMahon, M. D., Courtland, of chronic diarrhœa.

LEE COUNTY MEDICAL SOCIETY—Huntsville, 1880.

OFFICERS.

Pr. Aurelius G. Emory; V. Pr. ———; Sec. Levin W. Shepherd. Tr. ———; H. O. Charles B. McCoy; Censors, Aurelius G. Emory, Levin Wilson Shepherd, Abijah B. Bennett, John H. Drake, Jesse G. Palmer.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bennett, Abijah Benjamin, mc phys and surg Baltimore 81, cb 81, Opelika.
Drake, John Hodges, mc Atlanta 67, cb 81, Auburn.
Emory, Aurelius Grigsby, mc univ Louisina 62, cb 81, Opelika.
Griffin, William Henry Harrison, mc South Carolina 35, cb 81, Opelika.
Love, William Joseph, mc Atlanta 84, cb 85, Waccoohee.
McCoy, Charles Breckenridge, mc phys and surg Baltimore 82, cb 85, Opelika.
Palmer, Jesse Gary, mc phys and surg Baltimore 84, cb Chambers 84, Opelika.
Shepherd, Levin Wilson, mc univ New York 59, cb 81, Opelika.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bedell, Robert Bruce, mc univ Nashville 69, cb 81, Auburn.
Bloodworth, Wiley Washington, mc Jefferson 53, cb 81, Lively.
Floyd, James William Daniel, mc univ Pennsylvania 20, cb 81, Salem.
Foreman, Arthur Levin, mc univ Louisville, cb 81, Loachapoka.
Fowler, Andrew Jackson, mc Atlanta 85, cb 85, Roxana.
Fuller, Isham Benjamin, cb 81, Smith Station.
Johnson, William Henry, mc Atlanta 57, cb 81, Loachapoka.
Lamar, William Henry, college not given, Auburn.
Love, James Madison, mc South Carolina 54, cb 81, Salem.
McCoy, Amos Washington, mc univ New York 53, cb 81, Opelika.
Shelton, Marengo David, mc univ. Nashville 69, cb 81, Lively.
Snipes, William A., college not given, Beulah.
Terry, Early Walton, mc univ Tennessee 88, cb Elmore 88, Loachapoka.
Williams, Daniel Bullard, college not given, Opelika.
Williams, J. W. R., college not given, Opelika.

LIMESTONE COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

Pr. Theophilus Westmoreland; V. Pr. ———; Sec. William J. Hagan; Tr. ———; H. O. William J. Hagan; Censors, John R. Hoffman, Theo. Westmoreland, William J. Hagan.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Hagan, William James, mc Jefferson 84, cb 84, Athens.
Hoffman, John Richardson, mc Jefferson 58, cb 77, Athens.
Houston, John Samuel, mc univ Louisville 77, cb 84, Athens.
Pettus, Joseph Albert, mc univ Nashville 67, cb 77, Elkmount.
Rankin, James Caffield Mitchell, mc univ Nashville 58, cb 78, Belle Mina.
Westmoreland, Theopilus, mc univ Nashville 56, cb 79 Athens.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Carter, James Jackson, cb 78, Athens.
Collins, James Marshall, cb 78, Cartwright.
Deloney, Isaac Fox, mc univ Louisiana 53, cb Madison 78, Petty.
Dupree, William Jefferson, cb 79, Westmoreland.
Hill, Henry Willis, mc univ New York 49, cb 84, Mooresville.
Hill, James Abram, mc univ Vanderbilt 84, cb 84, Mooresville.
Moore, Elisha Dixon, cb 69, (old law), cb 78, Elk River Mills.
Mœbes, Otto, homeopathist, cb 78, Athens.
Pettus, Thomas Coleman, cb 44, (old law), Madison, cb 77, Pettusville.
Wallace, Nicholas Blackburn, mc Cincinnati 51, cb 78, Elkmont.
Wilkinson, Milton Roil, mc univ Nashville 80, cb 67, (old law), cb 78, Westmoreland.
Williams, George Allen, mc univ Nashville 80, cb Colbert 81, cb 82, Hyde Park.
Wilson, Felix Grundy, mc univ Nashville 80, cb 65, (old law), cb 76, Elkmont.
York, Seaborn Ellis, mc univ Louisville 78, cb 84, Athens.

Examinations—For the practice of medicine, James H. Hansford, mc univ Louisville 88; John Crutcher, mc univ Vanderbilt 89. Certificates awarded.

LOWNDES COUNTY MEDICAL SOCIETY—Mobile, 1876.

OFFICERS.

Pr. Daniel S. Hopping; V. Pr. John P. Mushat; Sec. Shirley Bragg; Tr. ———; H. O. Shirley Bragg. Censors, Shirley Bragg, John P. Mushat, Charles T. Weatherly, John A. Pritchett, Phillip N. Cilley.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bragg, Shirley, mc Alabama 75, cb 79, Lowndesboro.
Bowie, Andrew, mc South Carolina 54, cb 78, Benton.
Cilley, Philip Noble, mc univ Louisiana 48, cb 78, Lowndesboro.

Crum, William Barton, mc Alabama 87, cb 87, Farmersville.
Dilburn, Samuel George, mc Alabama 75, cb 78, Bragg's Store.
Hopping, Daniel Stiles, mc Jefferson 52, cb 78, Letohatchie.
Mushat, John Patrick, mc South Carolina 55, cb 78, Hayneville.
Pritchett, John Albert, mc univ Virginia 74, cb 78, Hayneville.
Weatherly, Charles Taliaferro, mc Atlanta 74, cb 85, Benton.
Weaver, William Calvin, mc univ Tennessee 83, cb 83, Fort Deposit.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Ansley, John Samuel, mc Atlanta 76, cb 78, Mt. Willing.
Bruner, Oliver Glenn, mc Atlanta 84, cb 84, Fort Deposit.
Buford, William Lewis, non-graduate, cb 78, Mt. Willing.
Carr, George Washington LaFayette, mc univ Pennsylvania 55, cb 78, Mt. Willing.
Coleman, Aurelius Daniel, mc Alabama 85, cb 80, Mt. Willing.
Haygood, Daniel, mc South Carolina 59, cb 78, Mt. Willing.
Jones, Devotie Davis, mc Atlanta 73, cb 84, Fort Deposit.
McQueen, Samuel Thomas, mc univ Pennsylvania 55, cb 78, Fort Deposit.
McRea, Abram Cruser, mc univ Pennsylvania 50, cb 78, Lowndesboro.
Peake, John Samuel, mc South Carolina 54, cb 78, Farmersville.
Peake, William, mc univ Vanderbilt 83, cb 83, Farmersville.
Reese, Charles Edwin, mc Jefferson 55, cb 78, Lowndesboro.
Russell, John Hamilton, cb 78, Sandy Ridge.
Sanderson, Edmund Levi, mc Jefferson 57, cb 78, Letohatchie.
Snow, Eugene Henry Clay, mc univ Tennessee 83, cb 86, Bragg's Store.
Stephens, James John, cb 78, Sandy Ridge.
Winnemore, Samuel Eggleston, mc univ New York 56, cb 78, Benton.

Moved out of the county—L. R. Boyd, from Burkeville to Salem, Lee county, Ala.

MACON COUNTY MEDICAL SOCIETY—Selma, 1879.

OFFICERS.

Pr. William J. Gautier; V. Pr. Charles L. R. Boyd; Sec. William B. Arbery; Tr. John H. Gautier; H. O. John H. Gautier. Censors, William I. Gautier, Fred. W. Williams, Charles L. R. Boyd, Francis M. Letcher, William B. Arbery.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Arbery, William Buchanan, mc univ Vanderbilt 82, cb 82, Notasulga.
Atkeson, Clarence Lee Crawford, mc phy and surg Baltimore 81, cb Lee 82, Tuskegee.
Boyd, Charles LeRoy, mc South Carolina 56, cb 79, La Place.
Brunson, Thaddeus Warsaw, mc univ Pennsylvania 47, cb 79, Society Hill.

Gautier, John Hora, mc univ Louisville 88, cb 88, Tuskegee.
Gautier, William James, mc univ Pennsylvania 50, cb 79, Tuskegee.
Hodnett, Wesley Forbush, mc Transylvania 36, cb 79, Tuskegee.
Johnson, Benjamin Franklin, mc South Carolina 43, cb 79, Notasulga.
Letcher, Francis Marion, mc univ Louisiana 61, cb 79, Shorter's.
Williams, Frederick William, mc univ Pennsylvania 52, cb 79, Tuskegee.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Aiken, James Curus, mc Graffenburg 54, cb Tallapoosa 82, Notasulga.
Ellison, James Edwin, mc Georgia 48, cb 79, Creek Stand.
Harris, William Samuel, college and certificate not given, Dick's Store.
Lightfoot, John Steele, mc univ Nashville 68, cb 79, Shorters.
Reynolds, William Albert, college and certificate not given, Warrior Stand.
Sistrunk, John, mc univ New York 58, cb 79, Society Hill.
Wagnon, John Troup, college and certificate not given, 79, Mount Meigs.

Examinations—Preliminary to the study of medicine, James Thomas May. Certificate awarded.

MADISON COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

Pr. John J. Dement; V. Pr. Charles E. Blanton; Sec. Lewis C. Pynchon; Tr. ———; H. O. Samuel H. Lowery; Censors, Milton C. Baldridge, Albert R. Erskine, Samuel H. Lowery, Richard M. Fletcher, David H. McLain.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Baldridge, Milton Columbus, mc Bellevue 74, cb 78, Huntsville.
Blanton, Charles Edgar, mc univ Vanderbilt, 82, cb 82, New Market.
Blanton, James Conroe, mc univ Louisville 76, cb 78, New Market.
Brouillette, Pierre Lawrence, mc Ohio 71, cb 84, Huntsville.
Burke, James Pickens, mc univ Pennsylvania 53, cb 78, Meridianville.
Dement, John Jefferson, mc univ Pennsylvania 53, cb 78, Huntsville.
Erskine, Albert Russell, mc univ Pennsylvania 57, cb 78, Huntsville.
Farley, John Benton, mc univ Vanderbilt 86, cb 86, Whitesburg.
Fletcher, Richard Mathew, mc univ Pennsylvania 54, cb 78, Madison.
Hatcher, Archer Wood, college not given, cb 82, Hazel Green.
Hinds, Bryan William, mc univ Nashville 66, cb 81, New Hope.
Johnson, Henry Richard, New Hope.
Layman, Francis Marion, mc univ Nashville 70, cb 87, Mayesville.
Lipscomb, DeKalb, college not given, cb 87, New Market.
Lipscomb, Elias DeKalb, state board 87, New Market.
Lowery, Samuel Hickman, mc Bellevue 73, cb 78, Huntsville.

McDonnell, Henry, mc univ Louisiana 68, cb 78, Huntsville.
McLain, David Hubbard, mc Alabama 75, cb 78, Mayesville.
Pynchon, Lewis Charlton, mc Jefferson 53, cb 78, Huntsville.
Rice, Francisco, mc (botanico-med.) Memphis 57, cb 78, New Market.
Rivers, William Edwards, cb 78, New Hope.
Robinson, Christopher Americus, mc Jefferson 71, cb 78, Huntsville.
Shelby, Antony Bouldin, cb 78, Huntsville.
Sullivan, George Richard, mc Shelby 60, cb 78, Madison.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Brazleton, John Houston, mc univ Vanderbilt 80, cb 81, Berkley.
Glover, Antony Natalie, mc univ Nashville, cb 87, Owens Cross Roads.
Macon, Joseph Sumter, mc Atlanta 80, cb 80, Hayes' Store.
Petty, Robert Augustus, mc Alabama 71, cb 78, Hayes' Store.
Ridley, James Lucas, mc Shelby 61, cb 78, Huntsville.
Watts, John Parks, mc univ Louisville 73, cb 78, Hayes' Store.

Examinaiions—For the practice of medicine, James A. Haggard, s of m Kentucky 88. Certificate refused.

MARENGO COUNTY MEDICAL SOCIETY—Birmingham, 1875.

OFFICERS.

Pr. James H. George; V. Pr. George Whitfield; Sec. Charles B. Thomas; Tr. ———; H. O. Edward H. C. Bailey; Censors, George Whitfield, James H. George, Edward H. C. Bailey.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Allen, William Howard, mc univ Louisville 82, cb 82, Sweetwater.
Bailey, Edward Howe Corrie, mc univ Virginia 48, cb 78, Demopolis.
George, James Hosea, mc South Carolina 67, cb 78, Linden.
Jolly, Arnold, mc Alabama 85, cb 85, Faunsdale.
Kimbrough, Wm. Leonard, mc univ Louisiana 81, cb 82, Shiloh.
McCants, Robert Bell, mc Southern 82, cb 82, Jefferson.
McCorkle, Thomas Samuel, mc Alabama 83, cb 83, Dayton.
Ruffin, James Sterling, mc univ Pennsylvania 49, cb 78, Demopolis.
Thomas, Charles Brooks, mc Southern 83, cb 83, McKinley.
Whitfield, Bryant Watkins, mc univ Pennsylvania 53, cb 79, Demopolis.
Whitfield, Charles Boaz, mc phy and surg New York 71, cb 79, Demopolis.
Whitfield, George, mc univ Pennsylvrnia 58, cb 78, Old Spring Hill.
Whitfield, James Bryant, mc Jefferson 67, cb 82, Demopolis.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Allen, James Andrew, mc Graffenburg 53, cb 84, Shiloh.
Bettis, Thoms Jefferson, mc univ Louisiana 61, cb 84, Nicholsville.

Drummond, William Fletcher, mc univ Maryland 49, cb 78, Magnolia.
Evans, Josiah Thomas, mc Jefferson 37, cb 79, Rembert.
Gillespie, Robert Clements, mc univ Louisville 83, cb 83, Dixon Mills.
Jones, Richard Augustus, mc Jefferson 55, cb 78, Dayton.
Jones, Wade Hampton, mc South Carolina 58, cb 84, Jefferson.
King, James Moore, mc Alabama 87, cb 87, McKinley.
Morgan, Henry Walter, mc Alabama 73, cb 78, Dayton.
Nixon, William Goodwin, mc univ Pennsylvania 55, cb 78, Nixonville.
Pegram, William Henry, cb (old law) 44, cb 79, Dayton.
Poellnitz, Benjamin Bruno, mc univ Louisiana 47, cb 81, Rembert.
Slade, Henry, mc Alabama 72, cb 78, Magnolia.
Smith, Seth David, mc univ Louisiana 54, cb 78, Demopolis.
Spotswood, Norborne Dandridge, mc Kemper 44, cb 82, Linden.
Stone, Augustus Bosworth, mc Alabama 86, cb Baldwin 86, Rembert.
Strudwick, Edmund, mc Jefferson 57, cb 78, Dayton.
Thomas, John, mc South Carolina 55, cb 78, Rembert.
Webb, James, mc univ Pensylvania 42, cb 78, Faunsdale.
Wood, John Hackworth, mc Alabama 86, cb 86, Dixon's Mills.

Moved out of the county—Dr. Jno. T. Chapman, from McKinley to Bessemer; Dr. James Madison Pinkston, from Faunsdale to Birmingham; Dr. Frank Clements Horn, from Uniontown to parts unknown.

MARION COUNTY MEDICAL SOCIETY—Montgomery, 1888.

OFFICERS.

Pr. A. L. Morman; V. Pr. B. P. Ivey; Sec. W. W. White; Tr. W. W. White; H. O. W. Guyton; Censors, M. H. Key, B. P. Ivey, E. L. Morton.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Ernest, J. F., college not given, Winfield.
Guin, Ira A., college not given, Guin.
Guyton, William, college not given, Hamilton.
Ivey, Benjamin P., college not given, Winfield.
Key, M. H., college and post-office not given.
Martin, J. M., college not given, Hamilton.
Morman, A. L., college not given, Bexar.
Morton, E. L., college and post-office not given.
White, W. W., college not given.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Chetham, ——, college not given, Pearce's Mills.
Cochran, W. J., college not given, Pearce's Mills.
Guin, J. M., college not given, Guin.
Howell, J. W., college not given, Pearce's Mills.

Martin, M. C., college and post-office not given.
Vaughn, Levi, college not given, Gold Mine.
Vaughn, G. W., college not given, Gold Mine.
Whitley, J. M., college not given, Winfield.

MARSHALL COUNTY MEDICAL SOCIETY—Anniston, 1886.

OFFICERS.

Pr. William May; V. Pr. Francis M. Nixon; Sec. William L. Thomason; Tr. William L. Thomason; H. O. William M. Ricketts; Censors, William L. Thomason, William M. Ricketts, William May, Thomas S. May, Joseph J. McGahey.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Hughes, William LaFayette, cb 86, Union Grove.
Lowery, John, cb 86, Lumpkin.
Lusk, Lorenzo David, cb Madison 59, (old law), Guntersville.
May, Thomas Sidney, mc univ Vanderbilt 83, cb 86, Guntersville.
May, William, mc univ Vanderbilt 82, cb 86, Warrenton.
McGahey, Joseph Jefferson, cb Jefferson 88, Henryville.
Nixon, Francis Marion, cb 78, Guntersville.
Ricketts, William Manning, one course Shelby, Tenn., 59, cb 86, Oleander.
Thomason, William Levi, mc univ Nashville 71, cb 78, Guntersville.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Ables, William George, cb 87, Cottonville.
Barclift, Thomas Marshall, mc univ Tennessee 85, cb 87, Red Hill.
Hall, William Presley, mc Southern 86, cb 86, Sidney.
Jackson, James Monroe, mc South Carolina 40, cb 86, Guntersville.
May, George Barclift, cb 84, Hilliard's Store.
Noel, William Lewis, cb 86, Albertville.
Patterson, Jefferson Jackson, cb Etowah 81, Marshall.
Scott, Agrippa, mc Atlanta 85, cb 86, Albertville.
Slaughter, Charles Jefferson, cb Etowah 81, Albertville.
Sparks, Russell, cb 87, Red Apple.

Moved into the county—Marcus Lumpkin Johnson, from Oleander to Cullman; Charles Henry Stewart, from Collinsville to Flint, Morgan county.

Deaths—William David Russell, M. D., Oleander, of cancer of the rectum.

MOBILE COUNTY MEDICAL SOCIETY—Mobile, 1876.

OFFICERS.

Pr. James G. Thomas; V. Pr. Caleb Toxey; Sec. Vivian P. Gaines; Tr. Daniel E. Smith; H. O. Thomas S. Scales; Censors, George A. Ketchum, James F. Heustis, Goronway Owen, Caleb Toxey, Samuel R. Olliphant.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Cochran, Jerome, mc univ Nashville 61, cb 78, official residence Montgomery.
Crampton, Orson Lucius, mc Bellevue 65, cb 78, Mobile.
Edwards, William Mathews, mc Alabama 80, cb 80, Mobile.
Festorazzi, Angelo, mc Alabama 88, cb 88, Mobile.
Fowler, George Huggins, mc univ Pennsylvania 61, cb 78, Mobile.
Gaines, Vivian Pendleton, mc Alabama 72, mc phy & surg New York 73, cb Choctaw 79, Mobile.
Goode, Rhett, mc Alabama 71, cb 78, Mobile.
Hendon, James Jefferson, mc Alabama 86, cb 86, Mobile.
Heustis, James Fountain, mc univ Louisiana 48, cb 78, Mobile.
Hirshfeld, Henry P., mc univ Pennsylvania 78, cb 78, Mobile.
Hodgson, Samuel Holt, mc Alabama 88, cb 88, Mobile.
Inge, Henry Tutwiler, mc univ New York 83, cb 83, Mobile.
Ketchum, George Augustus, mc univ Pennsylvania 46, cb 78, Mobile.
Mohr, Charles A., mc Alabama 84, cb 84, Mobile.
Olliphant, Samuel Rutherford, mc univ Louisiana 55, cb 78, Mobile.
Owen, Calvin Norris, mc Alabama 88, cb 88, Mobile.
Owen, Goronway, mc univ Pennsylvania 57, cb 78.
Pape, William Barnesmore, mc Alabama 82, cb 82, Mobile.
Patton, William, mc Alabama 76, cb 78, Mobile.
Randle, Dudley Crawford, mc Alabama 85, cb Pickens 79, Mobile.
Reese, Augustus Jordan, mc univ Louisiana 49, cb 78, Mobile.
Sanders, William Henry, mc Jefferson 62, cb 78, Mobile.
Sawyer, William Templeton, mc univ Louisiana 60, cb 78, Whistler.
Scales, Thomas Sidney, mc phy and surg New York 67, cb 78, Mobile.
Smith, Daniel Edgarly, mc Alabama 61, cb 78, Mobile.
Thomas, James Grey, mc univ Pennsylvania 56, cb 78, Mobile.
Toxey, Caleb, mc univ Pennsylvania 60, cb 78, Mobile.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Beatty, William Gibbs, mc Atlanta 69, cb 78, Whistler.
Cooper, John Henry, mc Alabama 86, cb 86, Citronelle.
Cox, Henry Thomas, mc univ New York 48, cb 78, Mobile.
Hall, Alexander Rowe, mc univ Louisiana 59, cb 78, Mobile.
Hicklin, William Crawford, mc South Carolina 38, cb 78, Mobile.

Jackson, William Richard, mc Alabama 88, cb 88, Mobile.
Johnson, David Ellis, mc Georgia 68, cb 78, Mobile.
Lee, mc Alabama.
Mastin, Claudius Henry, Sr., mc univ Pennsylvania 49, cb 78, Mobile.
Mastin, Claudius Henry, Jr., mc univ Pennsylvania 84, cb 84, Mobile.
Mastin, William McDowell, mc univ Pennsylvania 74, cb 78, Mobile.
McArthur, Andrew Patterson, mc Alabama 85, cb 85, Mobile.
McCarty, Miles Edward, mc Alabama 73, cb 78, Whistler.
McVoy, Diego, mc univ Maryland 57, cb 78, Spring Hill.
Meyers, Augustus (homeopathist), mc St. Louis 88, cb 88, Whistler.
Micheal, Jacob G., mc univ Virginia 60, cb 78, Citronelle.
Murrell, William (homeopathist), mc New York, cb 78, Mobile.
Pampanilla, Francis (homeopathist), mc New York 83, cb 78, Mobile.
Reynolds, Samuel Kirkpatrick, mc Jefferson 57, cb 78, Mobile.
Roemer, Francis John B., mc univ Louisiana 33, cb 78, Spring Hill.
Roe, Charles King, mc ——, cb ——, Mobile.
Terrill, James Dixon, mc ——, cb ——, Mobile.
Tompkins, John Edward, mc univ Vanderbilt 80, cb 81, Mobile.
Walker, Robert Clarence, mc univ Nashville 58, cb 78, Whistler.

Moved into the county—William Richard Jackson, mc Alabama 88, cb 88, to Mobile; Charles King Roe, mc —, cb ——, to Mobile; James D. Terrell, mc ——, cb ——, to Mobile.

Examinations—For the practice of medicine, Frank K. Beck, mc 88, cb 88, Mobile; Angelo Festorazzi, mc Alabama 88, cb 88, Mobile; Samuel Holt Hodgson, mc Alabama 88, cb 88, Mobile; William Richard Jackson, mc Alabama 88, cb 88, Mobile; Calvin Norris Owen, mc Alabama 88, cb 88, Mobile. Certificates awarded.

James D. Terrell and Charles K. Roe, certificates refused.

MONROE COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

Pr. Samuel S. Gaillard; V. Pr. William M. Burroughs; Sec. George W. Gaillard; Tr. ——; H. O. William W. McMillan. Censors, George W. Gaillard, William M. Burroughs, Fielden S. Dailey.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Abernethy, William Henry, mc Alabama 75, Linela.
Bradley, Hugh, mc univ Pennsylvania 56, cb 77, River Ridge.
Burroughs, William Monroe, mc South Carolina 57, cb 77, Newtown Academy.
Dailey, Fielden Straughn, mc Alabama 71, cb 77, Kempville.
Gaillard, George Walter, mc univ Louisville 82, cb 83, Perdue Hill.
Gaillard, Samuel Septimus, mc South Carolina 48, cb 77, Perdue Hill.
Hestle, William Monroe, mc Alabama 85, cb 85, Buena Vista.

Jenkins, James Samuel, mc South Carolina, cb 77, Buena Vista.
McMillan, William Wallace, mc univ Louisiana 58, cb 79, Monroeville.
Scott, Gladden Gorin, mc univ Louisville 85, cb 85, Mount Pleasant.
Thomas, Joseph Weatherford, mc univ Transylvania 55, cb 77, Mount Pleasant.
Wiggins, James Monroe, mc Alabama 78, cb 78, Monroeville.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Chapman, William Robert, mc Reform, cb —, Old Texas.
Draughn, Robert Isaac, mc South Carolina 47, cb 77, Perdue Hill.
Hodgson, Philip Morton, Alabama 89, cb 89, Mt. Pleasant.
Mason, William Thomas, mc Atlanta 84, cb Wilcox 84, Activity.
Russell, James Thomas, mc Atlanta, cb 77, Monroeville.
Whissenhant, William, mc univ Vanderbilt 81, cb 81, Buena Vista.

Moved out of the county—William A. Smith, from Tinela to Anniston, Alabama.

MONTGOMERY COUNTY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

Pr. James R. Jordan; V. Pr. Isaac L. Watkins; Sec. Joseph L. Gaston; Tr. Thos. A. Means; H. O. Pascal H. Owen; Censors, John B. Gaston, Richard F. Michel, Samuel D. Seelye, Job S. Weatherly, Luther L. Hill.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Andrews, Glenn, mc univ New York 86, cb 86, Montgomery.
Baldwin, Benjamin James, mc Bellevue 77, cb 83, Montgomery.
Bibb, William George, mc univ Vanderbilt and Bellevue 78, cb 78, Montgomery.
Blue, John Howard, mc Washington and Baltimore 70, cb 78, Montgomery.
Douglass, James, mc South Carolina 57, cb 78, Montgomery.
Duncan, Charles Kane, mc univ New York 58, cb 85, Montgomery.
Gaston, John Brown, mc univ Pennsylvania 55, cb 78, Montgomery.
Gaston, Joseph Lucius, mc phy and surg New York 85, cb 88, Montgomery.
Hill, Luther Leonidas, mc univ New York 81, cb Jefferson 81, Montgomery.
Howell, William Henderson, mc Atlanta 80, cb 80, Mount Carmel.
Ivey, Barna Pitt, mc Alabama 88, cb Marion 88, Montgomery.
Jackson, Walter Clarke, mc univ Pennsylvania 52, cb 78, Montgomery.
Johnston, John Foot, mc South Carolina 48, cb 78, Montgomery.
Jordan, James Reid, mc univ Maryland 84, cb 84, Montgomery.

Kendrick, William Tomlin, mc Atlanta 76, cb Butler 78, Montgomery.
Kirk, Eben Bell, mc Alabama 85, cb Mobile 85, Montgomery.
McDade, George Wilkins, s of m New Orleans 61, cb 78, Montgomery.
Means, Thomas Alexander, mc Atlanta 57, cb 84, Montgomery.
Michel, Richard Fraser, mc South Carolina 47, cb 78, Montgomery.
Owen, Pascal Harrison, mc univ New York 59, cb Lowndes 78, Montgomery.
Pearson, Benjamin Rush, mc Alabama 81, cb 81, Montgomery.
Pierce, Dunklin, mc univ Louisiana 58, cb Lowndes 78, Montgomery.
Seelye, Samuel Dibble, mc univ New York 55, cb 78, Montgomery.
Watkins, Isaac LaFayette, mc Bellevue 78, cb Bullock 86, Montgomery.
Weatherly, Job Sobieski, mc univ New York 49, cb 78, Montgomery.
Whipple, Henry Lawrence, mc univ New York 44, cb 78, Hope Hull.
Wilkerson, Wooten Moore, mc univ New York 80, cb Perry 80, Montgomery.
Williams, Robert Silas, mc Jefferson 48, cb 84, Mount Meigs.
Wood, Milton LeGrand, mc Bellevue 77, cb 84, Montgomery.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Arnold, John B., college and post-office not given.
Calloway, Charles Wesley, mc univ Vanderbilt 86, cb 87, Snowdoun.
Calloway, James Wesley, mc univ Vanderbilt 81, cb Lowndes 82, Oakley.
Davis, LeRoy Watkins, mc Georgia 53, cb Lowndes 78, Morganville.
Dorsett, Charles Nathaniel (colored), mc univ Buffalo 83, cb 83, Montgomery.
Harris, Andrew Jackson, Arcadia.
Hill, Robert Marius, mc univ New York 60, cb 78, Mt. Meigs.
Jackson, Edward Beatty, mc Alabama 85, cb 85, Ramer.
Ligon, Thomas Branch, mc univ New York 49, cb 84, Montgomery.
McClane, Frank, mc univ Louisiana 66, cb 78, Hope Hull.
McCummins, Milton H., Raif Branch.
McDade, James, Mt. Meigs.
McGehee, Benjamin Ellsberry, mc univ Louisiana 72, cb 64, Pike Road.
Mullins, James Thomas, mc Georgia 72, cb 82, Ramer.
Naftel, Jesse Holmes, mc univ Alabama 87, cb 87, Pine Level.
Naftel, St. John, mc univ Vanderbilt 79, cb 80, Naftel.
Nicholson, John Cogburn, mc Jefferson 55, cb 78, Mt. Meigs.
Patton, George Robert, mc univ Vanderbilt 69, cb 78, Montgomery.
Rives, George, Snowdoun.
Sankey, George, Montgomery.
Sankey, John Thomas, cb 84, Montgomery.
Sellers, Anthony Hamilton, mc South Carolina 82, cb 82, Oakley.
Steers, Willis Wood (colored), mc univ Michigan 88, cb 88, Montgomery.
Stone, Henry Lewis, mc univ Maryland 68, cb 76 (retired), Montgomery.

Townsend, James Barnett, mc univ Nashville 78, cb 78, Pine Level.
Watson, VanBuren, s of m Kentucky 80, cb 78, Strata.
Henry, John Hazzard, (homeopathist), cb Dallas 79, Montgomery.
Landridge, John, (homeopathist), retired, Montgomery.

Moved into the county—Barna Pitt Ivey, cb Marion 87, from Midway, Bullock county, to Montgomery; Willis Wood Steers (colored), mc univ Michigan 88, cb 88, to Montgomery.

Moved out of the county—John Payne Ellsberry, from Oakley to Redding (contract), Jefferson county; Dudley Robinson, from Montgomery to Autaugaville.

Examinations—For the practice of medicine, William A. Fowler, certificate refused; Willis Wood Sterrs, (colored,) certificate awarded.

MORGAN COUNTY MEDICAL SOCIETY—Mobile, 1876.

OFFICERS.

Pr. Scott L. Roundtree; V. Pr. Andrew J. Stewart; Sec. Philip R. Taylor; Tr. Joseph Simpson Turney; H. O. Benjamin F. Cross; Censors, Benjamin F. Cross, Scott L. Roundtree, Enoch J. Conyngton, Peter Binford, Richard L. Stevenson.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Barclift, William Anderson, mc univ Nashville 77, cb 79, Hartsell.
Barrett, Nathaniel Aldridge, mc univ Vanderbilt 86, cb 86, Danville.
Binford, Peter, mc New Orleans 61, cb 79, Somerville.
Buckley, Walter Colquitt, mc phy and surg New York 85, cb 85, Decatur.
Conyngton, Enoch James, mc St. Louis 83, cb 88, Decatur.
Cross, Benjamin Franklin, mc univ Louisville 57, cb 78, Decatur.
Dinsmore, David Francis, mc univ Vanderbilt 81, cb Lawrence 88, Decatur.
Dinsmore, William Lewis, mc univ Vanderbilt 81, cb 81, Decatur.
Gill, Jordan Lawson, (one course) mc Louisiana 69, cb 78, Somerville.
Gillespie, James Clark, mc univ Vanderbilt 81, cb Madison 81, Decatur.
Gwin, Howell Beekham, mc univ Louisville 88, cb Limestone 88, Decatur.
Henry, Anslum Cicero, mc Memphis 59, cb Butler 79, Hartsell.
Hunter, Felix Burwell, mc Alabama 85, cb Lawrence 86, Danville.
Johnson, James Clark, mc univ Maryland 48, cb 88, Decatur.
Minor, Lucien, mc South Carolina 49, cb 79, Trinity.
Ross, Donald Lawrence, mc univ McGill, Montreal 87, cb 87, Decatur.
Roundtree, Scott Lewis, mc Jefferson 58, cb 78, Hartsell.
Sewell, John Banks, mc univ Vanderbilt 86, cb 87, Decatur.
Stevenson, Richard Lewis (one course), mc univ Tennessee, cb 75, Flint.

Taylor, Philip Richard, mc Louisville hospital 87, cb 88, Decatur.
Turney, Joseph Simpson, mc univ Vanderbilt 81, cb 82, Hartsell.
Watkins, Robert Silas, mc univ Louisville 78, cb 78, Flint.
Winston, David Mason, mc Alabama 86, cb 87, Woodland Mills.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Cartwright, Oscar Bishop, mc univ Vanderbilt 75, cb 80, Decatur.
Cook, Henry Wesley, cb (old law) 57, cb 81, Falkville.
Gasden, James, Decatur.
Peck, William Washington, cb 82, Fort Bluff.
Ryan, John LaFayette, mc univ Nashville 81, cb 84, Apple Grove.
Stevenson, Edison David, mc univ Nashville 68, cb 79, Danville.
Smith, John Brown, mc (homeopathist) 56, cb 86, Decatur.

Moved into the county—Howell B. Gwin, from Athens, Limestone county; David F. Dinsmore, from Town Creek, Lawrence county, to Decatur.

Moved from the county—Deon Taylor Smith and William Lewis Dinsmore, from Town Creek to Anniston.

Deaths—William B. Black, cb 78, Decatur; George William Gill, mc univ Louisville 43, cb 78, Decatur; Robert Virgil Williams, mc univ Louisville 84, cb 88, Decatur; and William James Young, mc univ Nashville 72, cb 78, Decatur, all of yellow fever.

PERRY COUNTY MEDICAL SOCIETY—Montgomery, 1875.

OFFICERS.

Pr. John W. Bradfield; V. Pr. James R. Pou; Sec. Charles A. Wilkerson; Tr. ———; H. O. Charles A. Thigpen; Censors, Elias B. Thompson, John M. Sadler, George M. Corcoran, James H. Houston, Charles A. Wilkerson.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Barron, William Rowan, mc univ Virginia 61, cb 78, Marion.
Bates, Francis Asbury, mc univ Louisiana 48, cb 78, Marion.
Bradfield, John, mc univ South Carolina 45, cb 78, Uniontown.
Bradfield, John Wesley, s of m Kentucky 87, cb 87, Uniontown.
Callier, Armistead M., non-graduate, cb 87, Chadwick.
Corcoran, George Merryman, mc univ Maryland 87, cb Marengo 87, Uniontown.
Downey, William Thomas, non-graduate, cb 78, Marion.
Houston, James Hiram, mc univ Pennsylvania 48, cb 78, Uniontown.
Jeffries, William Bennett, mc Washington, Baltimore 65, cb 78, Perryville.
Pou, James Rufus, mc South Carolina 54, cb 78, Uniontown.

Sadler, John Milton, mc univ Louisiana 73, cb 78, Uniontown.
Shivers, Offa Lunsford, mc univ Louisiana 73, cb 78, Marion.
Thigpen, Charles Alston, mc univ Tulane N O 88, cb Butler 88, Marion.
Thompson, Elias Benson, mc univ Louisiana 69, cb 78, Marion.
Wilkerson, Charles A., mc univ New York 75, cb 78, Marion.
Wilkerson, William Washington, mc Jefferson 55, cb 78, Marion.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Evans, Charles Albert, mc South Carolina 54, cb 78, Vilula.
Foster, Robert, mc South Carolina 47, cb 78, Marion.
Langhorne, John Miller, mc univ Pennsylvania 45, cb 78, Marion.
Lawrence, James Tinsley, non-graduate, Pinetucky.
Mears, John Wesley Nathan, mc univ New York, cb 78, Vilula.
Mosely, David Orion, mc Washington, Baltimore 72, cb 78, Theo.
Tucker, James Burwell, mc Vanderbilt 78, cb 79, Jerico.
Webb, Lucius De Yampert, mc univ New York 69, cb Hale 78, Scott's Station.

Moved into the county—Charles Alston Thigpen, from Greenville, Butler county, to Marion.

Moved out of the county—John Robert Franklin Dominick, from Brush Creek to Mississippi.

Examinations—Preliminary to the study of medicine, Edward Lockhart. Certificate awarded.

PICKENS COUNTY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

Pr. John C. H. Jones; V. Pr. ———; Sec. Frank K. K. Beck; Tr. ———; H. O. John C. H. Jones. Censors, John C. H. Jones, John W. McLeod, Christopher C. Clear, Newton Hill, Samuel H. Hill.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Agnew, James Alexander, mc Alabama 74, cb 74, Providence.
Beck, Frank King Kowalewski, mc Alabama 88, cb 88, Carrollton.
Clear, Christopher Columbus, mc Alabama 85, cb 85, Carrollton.
Cook, Thomas Henry George, mc Alabama 86, cb 86, Stone.
Hill, Newton, mc Alabama 79, cb 85, Pickensville.
Hill, Samuel Feuilleteau, mc South Carolina 52, cb 78, Carrollton.
Hill, Samuel Henry, mc univ Louisville 70, cb 78, Carrollton.
Jones, John Culbreth Hesekiah, mc univ Nashville 56, cb 78, Stone.
McLeod, John Waters, mc univ Louisiana 82, cb 84, Bethany.
Moody, Joseph, mc univ Louisville 71, cb 79, Franconia.

Moorehead, Henry Clay, mc univ Nashville 69, cb 79, Pickensville.
Peebles, Jesse, mc New Orleans 48, cb 84, Stone.
Phillips, Albert Miller, mc univ Tennessee 87, cb 87, Pickensville.
Sterling, Samuel Johnson, mc Alabama 61, cb 78, Olney.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Baird, Duke Orleans, cb 78, Coal Fire.
Brandon, Richard Clifford, cb 88, Gordo.
Duncan, John Francis, mc Alabama 74, cb 78, Providence.
Hinton, William Gaines, mc Georgia 50, cb 79, Pickensville.
Price, Robert Thomas, mc Alabama 74, cb 78, Lubbub.
Quinn, James Madison, cb 80, Beard's.
Sanders, Thomas Henry, cb 79, Garden.
Williams, Henry Lawrence, mc Jefferson 53, cb 78, Lineburg.
Wyatt, Rufus Roland, mc univ Nashville 84, cb 89, Memphis.

Moved into the county—Rufus R. Wyatt, to Memphis.

Moved out of the county—James R. Phillips, from Gordo to Millport; James Knox Purnell, from Memphis to Pleasant Ridge; Thomas William Shockley, from Pleasant Grove to Tuscaloosa.

Examinations—For the practice of medicine, James Knox Purnell and Rufus R. Wyatt. Certificates awarded.

Deaths—George Madison Graham, M.D., cb 81, Benevola.

PIKE COUNTY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

Pr. Edward H. Johnson; V. Pr. Josephus S. Baird; Sec. Charles W. Hilliard; Tr. William A. Crossley; H. O. Pugh H. Brown. Censors, Pugh H. Brown, Josephus S. Baird, Gustavus Hendrick, Thomas H. Dennis, Edward H. Johnson.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Baird, Josephus Simon, mc univ New York 76, cb 79, Troy.
Bean, James Marion, mc Bellevue 79, cb 83, Monticello.
Brown, Pugh H., mc univ New York 54, cb 78, Troy.
Carlisle, Charles Mallory, non-graduate, cb 84, Milo.
Chapman, William Hick, mc Alabama 73, cb Coffee 85, Troy.
Crossley, William Andrew, mc South Carolina 54, cb 78, Troy.
Dennis, Thomas Heydenfeldt, mc Graffenburg 58, cb 78, Olustee.
Dewberry, John Hunter, mc Jefferson 56, cb 78, Brundidge.
Ellis, James Lewis, mc Memphis 87, cb Dale 87, Monticello.
Ford, Elchanah Gardner, cb 78, Troy.
Hendrick, Gustavus, mc Jefferson 56, cb 78, Brundidge.
Hilliard, Charles Wesley, mc Reform, Ga., 61, cb 78, Troy.

Johnson, Edmund Harris, mc univ Washington 69, cb Crenshaw 82, Troy.
McSwain, Charles, mc South Carolina 52, cb 78, Brundige.
Posey, William Henry, mc Jefferson 53, cb 84, Orion.
Sanders, William Brown, mc Atlanta 85, cb 86, Milo.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Albriton, George Allen, mc univ Louisville 72, cb Crenshaw 82, Henderson.
Alred, John Peak, cb 78, Troy.
Bledsoe, William (botanic), cb 78, Monticello.
Collier, James Marshall, mc univ Virginia 60, cb 78, Troy.
Davis, Robert Huey, cb 84, Brundige.
Davis, Thomas Jefferson, cb 84, Goshen Hill.
Eiland, William Anderson, mc Atlanta 81, cb 84, Henderson.
Foreman, Henry, mc Jefferson 58, cb 79, Brundige.
Hamil, Irby Watson, mc univ Louisville 76, cb 78, Goshen Hill.
Russell, James Thomas, mc univ New York 79, cb 84, Troy.
Townsend, Andrew Cresswell, mc Jefferson 59, cb 82, China Grove.
Tredwell, Lucius Marcus (botanic), cb 81, Troy.

Moved into the county—William H. Chapman, from Elba, Coffee county, to Troy; Charles W. Hilliard, from Genava, Geneva county, to Troy; Edmund Henry Johnson, from Rutledge, Crenshaw county, to Troy.

Examinations—For the practice of medicine, James Adolphus McEachen, mc Alabama 89, cb 89.

RANDOLPH COUNTY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

Pr. William E. White; V. Pr. Henry B. Disharoon; Sec. Powhatan Green Trent; Tr. Powhatan Green Trent; H. O. Powhatan Glover Trent. Censors, Powhatan Green Trent, Henry B. Disharoon, Wyatt Heflin, Jasper D. Liles, Frances G. Thomason.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Davis, Samuel John, mc Atlanta 82, cb 82, Rock Mills.
Disharoon, Henry Beauregard, mc phy and surg Baltimore 85, cb 86, Roanoke.
Duke, Anderson Welcome, mc Graffenburg 49, cb 79, Lamar.
Duke, Jefferson Davis, mc Southern 87, cb 88, Lamar.
Gauntt, Elbert Tilman, mc Atlanta 76, cb 84, Wedowee.
Gay, Stonewall Jackson, mc Southern 88, cb 88, Almond.
Heflin, Wilson L., mc Georgia 53, cb 85, Louina.
Heflin, Wyatt, mc Jefferson 84, cb 84, Wedowee.

Jordan, Charles Alexander, mc Southern 84, cb 87, Blake's Ferry.
Liles, Jasper David, mc univ Louisville 70, cb 85, Roanoke.
McClendon, Edward Henry, mc Graffenburg 59, cb 79, Rock Mills.
McManus, Michael, non-graduate, cb 79, Wedowee.
Pool, Wyatt Heflin, mc Georgia 67, cb 79, Roanoke.
Trent, Powhatan Green, mc Jefferson 67, cb 85, Rock Mills
Trent, Powhatan Glover, mc Atlanta 88, cb 88, Rock Mills.
Taylor, Cephus Blair, mc Graffenburg 49, cb 79, Rock Mills.
White, Luther Leonidas, non-graduate, cb 79, Roanoke.
White, William Elbert, mc Transylvania 40, cb 79, Roanoke.

There are no physicians in the county not members of the society.

Moved out of the county—Wyatt Heflin Blake, from Blake's Ferry to Anniston, Calhoun county.

Examinations—For the practice of medicine, Jefferson Davis Duke, Stonewall Jackson Gay, Powhatan Glover Trent. Certificates awarded.

RUSSELL COUNTY MEDICAL SOCIETY—Tuscaloosa, 1887.

OFFICERS.

Pr. Reuben A. Smith; V. Pr. George D. Pascal; Sec. James L. Baker; Tr. James L. Baker; H. O. Homer A. Allen; Censors, Reuben A. Smith, George D. Pascal, James L. Baker, Benjamin W. Allen, Zachery W. Williams.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Allen, Benjamin Washburn, mc Atlanta 84, cb 87, Jernigan.
Allen, Henry Homer, mc Augusta 83, cb 88, Oswichee.
Baker, James Lawrence, mc Atlanta 85, cb Jefferson 86, Seale.
Black, Nathaniel Spragins, mc univ New York 61, cb 87, Hatchechubbee.
DeGraffenried, Edwin F., mc univ Pennsylvania 44, cb 87, Seale.
Pascal, George Dennis, mc univ New York 72, cb 87, Hurtsboro.
Smith, Reuben Arnold, mc univ New York 52, cb 87, Hatchechubbee.
Williams, Zachery Walton, mc phy and surg Baltimore 82, cb 87, Glennville.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Howard, Thomas Watson, non-graduate, cb 88, Girard.
Jamison, William Washington, mc Georgia, cb 88, Girard.
Scaife, Lewis Wilson, mc univ Louisiana, cb 87, Hurtsboro.

Moved into the county—Homer H. Allen, from Chattahoochee county, Georgia, to Oswichee.

Moved out of the county—Lucien Willis Phillips, from Crawford to Columbus, Georgia; William C. Hanson, to Marengo county, Alabama; James G. Ingram, from Hatchechubbee to San Antonia, Texas.

Examinations—For the practice of medicine, Homer H. Allen, Oswichee. Pharmacy, Harry Wood. Certificates awarded.

Deaths—John K. O'Neal, M. D., of Marvyn; abscess of the liver.

SHELBY COUNTY MEDICAL SOCIEY—Birmingham, 1877.

OFFICERS.

Pr. James H. Gunn; V. Pr. ———; Sec. Henry D. Geddings; Tr. ———; H. O. Joseph R. Morgan; Censors, Joseph R. Morgan, John H. Williams, Wilds S. DuBose, James H. Gunn, William B. Meredith.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Acker, James Wilson, cb 77, Monticello.
Bachus, Henry, college not given, cb Dallas 53 (old law), Calera.
Blevins, John Richardson, college not given, Calera.
Davis, Ralph, mc Georgia 60, cb Bibb 76, Montevallo.
DuBose, Wilds Scott, mc Atlanta 60, cb 77, Columbiana.
Edwards, David, mc Georgia 60, cb 77, Wilsonville.
Fields, James Guthrie, college not given, cb 77, Calera.
Goodson, Jasper, college not given, cb Tuscaloosa (old law), 53, cb 80, Siluria.
Geddings, Henry Downes, mc South Carolina 80, cb 83, Shelby.
Gunn, James Hamlin, mc Bellevue 69, cb 87, Calera.
McAdams, Henry Clay, mc Alabama 83, cb 83, Shelby Iron Works.
Meredith, William Bell, mc Alabama 72, cb 77, Montevallo.
Morgan, Joseph Reid, mc univ Louisville 66, cb 77, Shelby Springs.
Oliver, Christopher Charleton, mc Atlanta 69, cb 77, Calera.
Tucker, Robert Milton, mc Georgia 60, cb 77, Helena.
Williams, John Harford, mc univ Louisville 75, cb 77, Columbiana.
Williams, Harford Isaac, mc Alabama 87, cb 87, Columbiana.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Denson, Eli Forrest, mc Vanderbilt 79, cb (old law) 60, Pelham.
Griffin, Alpheus J. (botanic), cb 77, Lawley.
Johnson, Joseph Madison, mc Vanderbilt 83, cb 83, Pelham.
Johnson, William Rufus King, mc Atlanta 80, cb 80, Pelham.
McGraw, Allen Edward, mc univ Louisiana 73, cb 77, Harpersville.
Singleton, William Robert, college not given, cb Tuscaloosa 56, (old law), Harpersville.
Welden, George Andrew, mc Atlanta 82, cb 82, Welden.

ST. CLAIR COUNTY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

Pr. Davis E. Cason; V. Pr. Oliver M. Steadham; Sec. and Tr. John W. Ash; H. O. Davis E. Cason; Censors, James M. McLaughlin, John W. Ash; John B. Bass.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Ash, John Winston, mc univ Louisiana 80, cb 80, Springville.
Bass, John Burrell, mc phy and surg Baltimore 70, cb 79, Ashville.
Cason, Davis Elmore, mc univ Nashville 70, cb 79, Ashville.
Cason, James Calvin, mc Memphis 72, cb 83, Broken Arrow.
Crump, James Wells, mc Atlanta 75, cb 80, Steele's Depot.
Dunlap, Perry Gabriel, mc univ Vanderbilt 81, cb 81, Eden.
Garlington, Henry Spright, mc Alabama 87, cb Etowah 87, Ashville.
Jones, George Marshall, mc Jefferson 77, cb 78, Springville.
Jones, James Hunter, mc Atlanta 55, cb Calhoun 78, Ragland.
McLaughlin, James Madison, state board 80, cb 79, Springville.
Sheppard, Luther Whitfield, mc phy and surg Baltimore 85, cb 88, Seddon.
Steadham, Oliver Marshall, mc Alabama 86, cb 86, Evansville.
Vandergrift, Washington Franklin, mc univ Louisiana 80, cb 80, Branchville.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Brewster, Henry Harrison, mc not given, (old law), cb 79, Ragland.
Crump, Henry George, mc not given, cb 79, Seddon.
Evans, Richard Proctor, mc not given, (old law 67), cb 72, Fairview.
Wear, John Blassingame, mc not given, cb Clay 79, Kelly's Creek.

Moved into the county—John Blassingame Wear, from Clay county to Kelly's Creek.

Moved out of the county—Sidney Parke Burnum, from Springville to Blount county; Edward Parsons Chandler, from Cropwell to Birmingham; James Jefferson Dawson, to parts unknown; Barnett Linton Embry, from Riverside to Talladega; Frank Pierce Liddell, from Seddon to parts unknown; Robert Franklin McConnell, from Steele's Depot to Attalla, Etowah county.

Examination—Preliminary to the study of medicine, Eugene P. Cason, Ashville. Certificate awarded.

SUMTER COUNTY MEDICAL SOCIETY—Mobile, 1876.

OFFICERS.

Pr. John M. Henson; V. Pr. Mathew B. Cameron; Sec. William H. Sledge; Tr. ——; H. O. William H. Sledge; Censors, Jesse C.

Houston, Mathew B. Cameron, Thomas D. Bourdeaux, John C. Parham, William H. Sledge.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Arrington, Robert Henry, mc univ Louisiana 50, cb 77, Livingston.
Bickley, Thomas Jefferson, mc univ Vanderbilt 81, cb 81, Gainesville.
Bourdeaux, Thomas Devene, mc univ Louisville 83, cb 78, York.
Brockway, Dudley Samuel, mc Alabama 78, Jefferson 81, cb 78, Livingston.
Cameron, Mathew Bunyan, mc Alabama 86, cb 86, Sumterville.
Gilmore, John Nale, mc not given, cb 78, Gaston.
Godfrey, James Myers, mc univ Pennsylvania 55, cb 77, Sumterville.
Hand, Samuel Patton, mc univ Louisiana 83, cb 83, Coatopa.
Henagan, Darby, mc South Carolina 58, cb 77, Epes.
Hearn, William Thomas, mc univ Louisville 82, cb 82, Gaston.
Henson, John McKenzie, mc univ Pennsylvania 54, cb 80, Coatopa.
Houston, Jesse Crawford, mc univ Louisiana 60, cb 77, Belmont.
Marshall, James Buchanan, mc univ Nashville 72, cb 78, Warsaw.
Parham, John Calhoun, mc s and m Kentucky 77, cb 77, Gainesville.
Sledge, William Henry, mc Alabama 81, cb 81, Livingston.
Vaughn, Amos Lemuel, mc univ Louisville 84, cb 84, Cuba.
Ward, Henry Bascom, mc Alabama 78, cb 78, Cuba.
Young, Oliver Cromwell, mc North Western 85, cb 85, Alamuchee.

Honorary Members.

Estelle, Samuel Henderson, cb (old law) 47, Blount Springs.
Garber, Alexander Menzies, mc Transylvania 33, cb 77, Livingston.
Giles, James Hamilton, mc univ Kentucky 57, cb 77, Cuba.
James, William Hamilton, cb 78, York.
Randall, Newton Fox, mc Nashville 78, cb 83, Livingston.
Sholl, Edward Henry, mc Pennsylvania 56, cb 77, Birmingham.
Smith, Carlos Green, mc Pennsylvania 56, cb 77, Palatka, Florida.
Webb, Robert Dickens, mc univ Virginia 50, cb 77, Birmingham.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Allison, John Francis, mc South Carolina 50, cb 77, Curle's Station.
Hale, Robert Hadden, mc univ Louisville 79, cb 80, York.
Harvley, John Bunyan, mc Georgia 58, cb 78, Belmont.
Nash, Joseph Thomas, mc univ Louisville cb 80, Livingston.
Pinson, Hammett, mc s of m New Orleans, Burnesville, Miss.
Sullivan, Calvin Martin, mc univ Louisiana, cb 77, Ramsey.

Deaths—James George Foster, M. D., mc univ Louisiana 56, cb Choctaw 77, Livingston, June 27, 1888, of heart trouble.

TALLADEGA COUNTY MEDICAL SOCIETY—Anniston, 1886.

OFFICERS.

Pr. Barclay W. Toole; V. Pr. Benjamin B. Simms; Sec. Henry R. Boswell; Tr. Thomas J. Lee; H. O. W. F. Thetford; Censors, John T. Harrison, Jason S. McCants, Barclay W. Toole, Henry R. Boswell, George A. Hill.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bailey, Robert Emmett, mc Atlanta 86, cb 86, Silver Run.
Boswell, Henry Rives, mc univ Louisville 74, cb 86, Talladega.
Caldwell, William Drayton, mc univ Vanderbilt 88, cb Lauderdale 88, Eureka.
Castleberry, William Thomas, mc Georgia 72, cb 86, Lincoln.
Dixon, John, mc Jefferson 56, cb 86, Fayetteville.
Donaldson, John Thaddeus, mc South Carolina 67, cb 86, Easta Boga.
Embry, Barnett Linton, mc Atlanta 78, cb 86, Riverside.
Gist, Paul, mc Atlanta 86, cb 86, Talladega.
Harrison, John Tinsley, mc Atlanta 81, cb 86, Munford.
Heacock, John William, mc univ Louisiana 68, cb 86, Alpine.
Hill, George Armstrong, mc Jefferson 70, cb 86, Syllacauga.
Keller, David Carleton, mc univ Pennsylvania 47, cb 86, Syllacauga.
Lee, Thomas Jefferson, mc univ Vanderbilt 86, cb 87, Talladega.
McCants, Jason Samuel, mc Atlanta 66, cb 86, Talladega.
Morton, Hartwell Fisk, cb Fayette 84, Childersburg.
Moseley, Robert Alexander, mc South Carolina 38, cb 86, Talladega.
Rhodes, Edward Davis, mc Georgia 60, cb 86, Alpine.
Sims, Albert Gallatin, mc univ Nashville 69, cb 86, Renfro.
Simms, Benjamin Birt, mc Jefferson 85, cb Coosa 85, Talladega.
Thetford, William Fletcher, mc univ Louisiana 67, New York Polyclinic 84, cb Greene 79, Talladega.
Toole, Barclay Wallace, mc univ Nashville 60, cb 86, Talladega.

Honorary Members.

Johnson, Joseph Henry, mc Jefferson 56, Talladega.
Taylor, William, mc univ Louisville 52, Talladega.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Brooks, Alpheus Olin, mc Southern 87, cb Clay 87, Ashland.
Gorman, Harrison Clayton, mc Georgia 56, cb 86, Alpine.
Groce, Benton Walton, mc Georgia 42, cb 86, Munford.
Hamilton, William Thomas, mc Alabama 80, cb Coosa 80, Jenifer.
Hunter, John James, mc Alabama 80, cb Coosa 83, Ironaton.
Keller, William Carleton, mc univ Vanderbilt 87, cb 87, Syllacauga.
Mays, Lorenzo, mc Graffenburg 56, cb 86, Chandler Springs.

McAlpin, Sumner Mandeville, mc Jefferson 57, cb 86, Alpine.
Pearson, James E., mc Alabama 88, cb 88, Syllacauga.
Powell, Thomas Jefferson, mc Baltimore 66, cb 86, Childersburg.
Ray, Lorenzo Ellis, mc univ Louisville 88, cb Clay 87, Hightower's Mill.
Sowell, William Henry, cb Tallapoosa 82, cb 86, Childersburg.
Stockdale, John Locke, mc South Carolina 54, cb 86, Talladega.

Moved into the county—William Thomas Hamilton, from Rockford, Coosa county, to Jenifer; John James Hunter, from Wetumpka, Elmore county, to Ironaton; William Pace Kelly, to Childersburg; William Fletcher Thetford, from Boligee, Greene county, to Talladega.

Moved out of the county—Miles Jefferson Greene, from Alpine, to Montgomery; Edward D. Grimes, from Ironaton to Anniston; Joseph Powell, from Childersburg to Texas; James D. Rhodes, from Alpine to parts unknown; Edward Hinton Whitten, from Ironaton.

Examinations—Samuel D. Rhodes, mc phy and surg New York, certificate awarded to practice medicine. Joseph Powell, mc univ Vanderbilt, certificate refused.

TALLAPOOSA COUNTY MEDICAL SOCIETY—Selma, 1879.

OFFICERS.

Pr. Abner J. Nolen; V. Pr. William G. Carleton; Sec. James A. Goggans; Tr. John W. Hooper; H. O. James A. Goggans; Censors, George W. Vines, James A. Goggans, Andrew J. Coley, John M. Watkins, Robert V. Salmon.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Banks, Wilson Lumpkin, mc Graffenburg 52, cb 82, Jackson's Gap.
Carleton, William George, mc univ Vanderbilt 82, cb Chambers 82, Dudleyville.
Coley, Andrew Jackson, mc Jefferson 80, cb 82, Alexander City.
Freeman, Jeremiah Summerfield, cb 82, Alexander City.
Goggans, James Adrian, mc univ New York 77, cb 82, Alexander City.
Harlan, John Jefferson, mc Alabama 72, cb 82, Hackneyville.
Hooper, John Wilson, mc Jefferson 74, cb 74, New Site.
Johnston, John Young, mc Graffenburg 54, cb 82, Walnut Hill.
Lightfoot, Robert Wilson, mc South Carolina 62, cb 82, Alexander City.
Nolen, Abner Jackson, mc univ Louisville 80, cb 82, New Site.
Pharr, Edward Miller, mc univ Vanderbilt 82, cb 82, Daviston.
Radford, George Clements, cb Clay 87, Bulger's Mills.
Reagan, Onslow, cb 82, Alexander City.
Salmon, Robert Virgil, mc Alabama 75, cb 82, Dadeville.
Shepard, Jackson Joseph, mc Graffenburg 64, cb 82, Dadeville.

Shepard, Orlando Taylor, mc Graffenburg 54, cb 82, Tohopeka.
Smith, Watt Francis, mc Graffenburg 54, cb 82, Thaddeus.
Tucker, Adolphus Orlando, cb 82, Dadeville.
Vines, George Washington, mc univ Louisiana 71, cb 82, Dadeville.
Watkins, John Milton, mc univ Louisiana 71, cb 82, Camp Hill.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bloodworth, Hiram Watkins, cb Randolph 84, Dadeville.
Goggans, James Peterson, cb (old law) 51, cb Coosa 82, Alexander City.
Gray, Thomas Marshall, cb 82, Dadeville.
McLendon, Joseph, mc Jefferson 88, cb 88, Jackson's Gap.
Motley, Joseph Parker, mc Atlanta 86, cb 86, Daviston.
Rowe, Andrew Thomas, mc Georgia 50, cb Lee 82, Dadeville.
Shepard, Phillip Madison, mc Graffenburg 54, cb 82, Dadeville.
Ward, Lucius Cincinnatus, cb 82 Daviston.
Webb, Isaac Eugene, mc Atlanta 88, cb 88, Camp Hill.

Moved into the county—James Peterson Goggans, from Nixburg, Coosa county, to Alexander City.

Moved out of the county—Aaron LaFayette Harlan, from Hackneyville, to Ashland, Clay county.

Examinations—To practice, Joseph McLendon, mc Jefferson 88, Jackson's Gap. Certificate awarded.

TUSCALOOSA COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

Pr. James L. Fant; V. Pr. Alfred S. Allen; Sec. Oliver H. Burton; Tr. Oliver H. Burton; H. O. Oliver H. Burton; Censors, James T. Searcy, Peter Bryce, James L. Fant, Robert Neilson, Frank H. Sims.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Allen, Alfred Sidney, mc Alabama 81, cb 81, Cottondale.
Bondurant, Eugene DuBose, mc univ Virginia 83, cb Hale 83, Tuscaloosa.
Bryce, Peter, mc univ New York 59, cb 78, Tuscaloosa.
Burton, Oliver Hearne, mc univ Tulane, Louisiana 87, cb 87, Tuscaloosa.
Clifton, James M., mc Alabama 88, cb 88, Cottondale.
Cochrane, William Allen, mc univ Pennsylvania 39, cb 78, Tuscaloosa.
Ellis, Robert Austin, mc univ Louisiana 71, cb Pickens 81, Tuscaloosa.
Fant, James Louis, mc South Carolina 76, cb Marengo 78, Tuscaloosa.
Foster, David Lawrence, mc Jefferson 57, cb 78, Tuscaloosa.
Guild, James, mc Jefferson 55, cb 84, Tuscaloosa.
Hester, Williams, mc univ New York 67, cb 78, Tuscaloosa.

Little, James, mc Atlanta 76, cb 80, Tuscaloosa.
Little, John, jr., mc univ Louisiana 69, cb 78, Tuscaloosa.
Lucius, Richard DeKalb, mc Alabama 71, cb 78, Hickman.
Marlow, Nicholas Perkins, mc Jefferson 69, cb 78, Tuscaloosa.
Neilson, Robert, mc Georgia 54, cb 78, North Port.
Nichols, Andrew Barry Crook, mc Philadelphia 69, cb 78, Tuscaloosa.
Read, John Braham, mc univ Louisiana 46, cb 78, Tuscaloosa.
Searcy, James Thomas, mc univ New York 67, cb 78, Tuscaloosa.
Sims, Frank Herndon, mc Southern 83, cb 84, Tuscaloosa.
Trigg, Arthur Warren, mc Alabama 81, cb 81, Samantha.
Trimm, James, mc Alabama 81, cb 78, North Port.
Williamson, James Louis, mc Alabama 81, cb 81, North Port

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Beck, F. K., mc Alabama 88, cb 88, Cottondale.
Caldwell, Washington Jackson, cb 84, Hull.
Clements, Alsey, cb 78, Cottondale.
Clifton, M., mc Alabama 88, Cottondale.
Crump, William, cb 79, Marcumville.
Elrod, William Washington, cb 78, Sipsey Turnpike.
Foster, E., college not given, Hayes.
Gibson, Robert Franklin, mc univ Transylvania, cb 78, Tuscaloosa.
McCord, Charles Richard, cb 80, Marcumville.
Oliver, George W., college not given, ————.
Parker, William Thomas, mc s of m New Orleans 60, cb 84, Sylvan.
Shockley, Thomas Washington, mc Alabama 85, cb 86, Coker.
Smothers, William Jonas, mc Alabama 80, cb Pickens 80, Coker.
Toomy, Mark Antony, cb 78, Hagler.
Thompson, J. M., college not given, Tuscaloosa.

Moved into the county—Thomas Washington Shockley, from Pleasant Grove, Pickens county, to Coker.

Moved out of the county—David Samuel Asher, from Tuscaloosa to Greene county; Douglass Pearson Beatty, from Hull's Station to Hale county; William Cyprian Cross, from Tuscaloosa to Centreville, Bibb county; Jefferson Davis Gibson, from Tuscaloosa to Greene county; Marcellus Shipp, from North Port to Walker county; James R. Johnson, from Romulus to Pickens county; Robert James Walker, from Vance to Jefferson county; William Ellis Rust, from Vance to parts unknown.

Examinations—For the practice of medicine, James M. Clifton, mc Alabama 88, Cottondale; James J. Harris, Jr., Tuscaloosa, and Louis Lichtschein. Certificates awarded.

WALKER COUNTY MEDICAL SOCIETY—Mobile, 1876.

OFFICERS.

Pr. William C. Rosamond; V. Pr. Richard P. Griffin; Sec. Andrew M. Stovall; Tr. John M. Miller; H. O. Giles S. Bryan; Censors, James A. Goodwin, William C. Rosamond, Andrew M. Stovall, Richard P. Griffin, William L. Gravlee.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bryan, Giles Samuel, mc Memphis 87, cb 88, Jasper.
Camack, David Hubbard, cb (old law) 72, cb 81, Jasper.
Cunningham, William M., mc univ Vanderbilt 84, cb 84, Corona.
Goodwin, Joseph Anderson, mc Alabama 74, cb 81, Jasper.
Gravlee, William Lewis, mc univ Vanderbilt 82, cb 82, Day's Gap.
Griffin, Richard Parker, cb (old law) 72, cb 81, Day's Gap.
Guilder, James Lester, cb (old law) 72, cb 81, Eldridge.
Hayes, James Simpson, cb (old law) 72, cb 81, Horse Creek.
Hendon, Albert Dixon, cb (old law) 74, cb 81, Gamble Mines.
Jackson, Charles Beaufort, mc Atlanta 85, cb Tuscaloosa 85, Horse Creek.
Manasco, John, cb (old law) 76, cb 81, Townley.
Miller, John Melville, mc univ Vanderbilt 85, cb 85, Cordova.
Miller, Virgil Martin, mc univ Vanderbilt 80, cb 81, Townley.
Rosamond, William Crawford, cb Tuscaloosa (old law) 54, cb 81, Jasper.
Stovall, Andrew McAdams, mc univ Louisville 80, cb 81, Jasper.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Little, David Hubbard, cb Jefferson 80, Eldridge.
Stephenson, William Henry, mc Atlanta, Day's Gap.
Woodson, Patton.

Moved out of the county—Thomas Jefferson Springfield, from Townley to Winfield, Marion county.

Examinations—For the practice of medicine, Giles Samuel Bryan, mc Memphis 87, Jasper; Gaines, mc Bellevue 83, residence, Tennessee. Certificates awarded.

WASHINGTON COUNTY MEDICAL SOCIETY—Tuscaloosa, 1887.

OFFICERS.

Pr. John W. Wood; V. Pr. ———; Sec. ———; Tr. ———; H. O. John Gordon; Censors, John Gordon, John W. Wood, William H. Boykin.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Boykin, William Henry, mc Alabama 87, cb 88, Escatawpa.
Gordon, John, mc Ohio 66, cb 87, Healing Springs.
Wood, John Wesley, mc univ Virginia 80, cb 87, Koenton.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Lyons, Oliver, system not known, Washington Mills.

Moved out of the county—John Henry Cooper, from Citronelle to Louisiana; William Ellis Kimbrough, from St. Stephens to Forkland, Greene county.

WILCOX COUNTY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

Pr. Lucius E. Starr; V. P. Samuel R. Bonner; Sec. John P. Jones; Tr. John P. Jones; H. O. Rufus H. Kilpatrick; Censors, Lucius E. Starr, Rufus H. Kilpatrick, Samuel R. Bonner, Thomas G. Jenkins, Edward D. McDaniel.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Adams, Blakenship, mc Atlanta 84, cb 84, Pine Apple.
Adams, David, mc Georgia 68, cb 81, Pine Apple.
Benson, James Cook, mc Alabama 87, cb 87, Sedan.
Bonner, James Isaac, mc Alabama 78, cb 79, Rose Bud.
Bonner, Samuel Robert, mc phy and surg Baltimore 87, cb 87, Camden.
Crum, Floyd Edward, mc univ Louisiana 73, cb 79, Arlington.
Curtis, Alonzo Bittle, mc Alabama 82, cb 79, Lower Peach Tree.
Curtis, Christopher Columbus, mc Alabama 82, cb 82, Lower Peach Tree.
Dale, William Bonner, mc univ Louisiana 61, cb 79, Allenton.
Dansby, Daniel McAdams, mc Georgia 35, cb 80, Rehoboth.
Dansby, John Quincy, mc Alabama 74, cb 80, Rehoboth.
Gaillard, Edmund, mc South Carolina 30, cb 79, Camden.
Gaston, David Finis, mc univ Louisiana 82, cb 82, Boiling Springs.
Gibson, Albert Madison, mc Alabama 85, cb 85, Lower Peach Tree.
Godbold, John Calhoun, mc Alabama 79, cb 79, Nellie.
Haddox, William Thomas, mc univ Louisiana 58, cb 79, Pine Hill.
Harris, Albert Duggett, mc South Carolina 57, cb 79, Pine Apple.
Jenkins, Thomas Griffin, mc univ Louisiana 48, cb 79, Camden.
Jones, John Paul, mc s of m New Orleans 61, cb 79, Camden.
Jones, Joseph Harvey, mc univ Louisville 80, cb 80, Allenton.
Kilpatrick, Rufus Hall, mc Alabama 88, cb 88, Camden.
Lee, Thomas, mc South Carolina 57, cb 80, Furman.
McDaniel, Edward Davies, mc South Carolina 57, cb 79, Camden.
Palmer, Ransom Dabney, mc univ Louisiana 86, cb 86, Furman.

Purifoy, John Howard, mc Jefferson 59, cb 81, Furman.
Purnell, William Thomas, mc Alabama 76, cb 79, Prairie Bluff.
Ransom, David Wardlaw, mc univ Louisiana 70, cb 78, Pine Apple.
Starr, Lucius Ernest, mc Alabama 61, cb 79, Camden.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Cole, William, Snow Hill.
Cook, Samuel Benjamin Alexander, cb 85, Bethel.
King, Samuel S., mc univ Louisiana, Catherine.
Lee, John Frederick, cb 83, Allenton.
Southall, James (retired), cb 79, Lower Peach Tree.

Moved into the county—Samuel S. King to Catherine.

Moved out of the county—Thomas Samuel Roach, from Rehoboth to Texas; Robert Gordon Southall, from Lower Peach Tree to Greenville, Mississippi; Capers Capehart Jones, from Furman to East Lake, Jefferson county. James Henry Weir, to Dallas county.

Examinations—For the practice of medicine, Rufus Hall Kilpatrick, mc Alabama 88, Camden. Certificate awarded.

Deaths—Lucky Walker Jenkins, M. D., mc univ Louisiana 49, cb 79, Camden, June 27, 1888.

WINSTON COUNTY MEDICAL SOCIETY—Montgomery, 1888.

OFFICERS.

Pr. Thomas P. Deweese; V. Pr. William R. Adkins; Sec. C. Harvey Johnson; Tr. C. Harvey Johnson; H. O. Thomas P. Deweese; Censors, Thomas P. Deweese, William R. Adkins, C. Harvey Johnson, David Carroll, William J. Painter.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Adkins, William Riley, cb Tuscaloosa 77, Double Springs.
Carroll, David, cb Blount 71, Double Springs.
Deweese, Thomas P., mc univ Louisville 85, cb Walker 85, Nauvoo.
Ford, David Benjamin, cb 85, South Lowell.
Johnson, Calaway Harvey, mc Alabama 85, cb 85, Houston.
Painter, William James, non-graduate, cb 85, Double Springs.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Wilson, John, cb (old law) 86.
Taylor, John C., cb (old law) 80, Ark.
Bailey, James W. (homeopathist), cb 85, Houston.
Roden, Benjamin W. (botanic), cb Marion 87, Ark.

Moved out of the county—David Henry Little, from Ark to Eldridge, Walker county; William Lewis Hughes, from Ark to Oleander, Marshall county.

THE ROLL OF THE COLLEGE OF COUNSELLORS.

REVISION OF 1889.

THE GRAND SENIOR COUNSELLORS.

Abernethy, William Henry, Tinela—Tuscaloosa session.....1873
Baldridge, Milton Columbus, Huntsville—Birmingham session....1877
Bryce, Peter, Tuscaloosa—Tuscaloosa session. 1873
Cochran, Jerome, Mobile—Tuscaloosa session.....1873
Cross, Benjamin Franklin, Decatur—Selma session. 1879
Dement, John Jefferson, Huntsville—Tuscaloosa session.....1873
Furniss, John Perkins, Selma—Mobile session.....1876
Gaines, Vivian Pendleton, Mobile—Selma session 1879
Gaston, John Brown, Montgomery—Montgomery session.....1875
Godfrey, James Myers, Sumterville—Tuscaloosa session.....1873
Herbert, Curtis Burke, Greenville—Selma session.....1879
Hoffman, John Richardson, Athens—Selma session.....1879
Hogan, Samuel Mardis, Union Springs—Montgomery session.....1875
Hopping, Daniel Stiles, Letohatchie—Birmingham session.....1877
Jackson, Robert Dandridge, Summerfield—Tuscaloosa session....1873
Jackson, Walter Clarke, Montgomery—Tuscaloosa session.....1873
Johnston, William Henry, Birmingham—Montgomery session.....1875
Ketchum, George Augustus, Mobile—Tuscaloosa session.....1873
Luckie, James Buchner, Birmingham—Mobile session..... 1882
McKinnon, John Alexander, Selma—Mobile session 1876
McKittrick, Adam Alexander, Evergreen—Tuscaloosa session.....1873
Means, Thomas Alexander, Montgomery—Eufaula session.....1878
Michel, Richard Fraser, Montgomery—Tuscaloosa session.....1873
Mitchell, William Augustus, Eufaula—Birmingham session.....1877
Phillips, William Crawford, Selma—Selma session.....1879
Prince, Francis Marion, Bessemer—Birmingham session.....1877
Pritchett, John Albert, Hayneville—Mobile session.....1876
Reese, Augustus Jordan, Mobile—Tuscaloosa session 1873
Sanders, William Henry, Mobile—Eufaula session.....1878
Sears, John William, Birmingham—Birmingham session.....1877
Seelye, Samuel Dibble, Montgomery—Montgomery session.....1875
Starr, Lucius Ernest, Camden—Selma session.....1874
Thigpen, Job, Greenville—Selma session.....1879
Weatherly, Job Sobieski, Montgomery—Tuscaloosa session.....1873
Webb, Robert Dickens, Birmingham—Tuscaloosa session.....1873

THE SENIOR COUNSELLORS.

Barclay, James Paxton, Eutaw—Huntsville session.....1880
Brockway, Dudley Samuel, Livingston—Mobile session... 1882
Brown, Pugh H., Troy—Huntsville session.....1880
Cason, Davis Elmore, Ashville—Selma session 1880
DuBose, Wilds Scott, Columbiana—Montgomery session.....1881
Emory, Aurelius Grigsby, Opelika—Birmingham session.....1883
Fletcher, William Mathew, Madison Station—Montgomery session..1881
Franklin, Charles Higgs, Union Springs—Mobile session.....1882
Goggans, James Adrian, Alexander City—Birmingham session....1883
Goodwin, Joseph Anderson, Jasper—Mobile session.....1882
Hayes, Robert Hughes, Union Springs—Huntsville session.....1880
Hendrick, Gustavus, Brundidge—Montgomery session.....1881
Hill, Samuel Henry, Carrollton—Mobile session 1882
Huggins, Jacob, New Berne—Selma session.....1884
Jay, Andrew, Evergreen—Mobile session.....1882
Jones, Capers Capehart, East Lake, Montgomery session.....1881
Jones, John Paul, Camden—Selma session.....1884
Kendrick, Joel Cloud, Greenville—Mobile session.....1882
Kendrick, William Tomlin, Montgomery—Montgomery session....1881
Moody, Joseph, Franconia—Mobile session.....1882
Mushatt, John Patrick, Hayneville, Montgomery session.....1881
Peterson, Francis Marion, Greensboro—Selma session.....1880
Robertson, Thaddeus Lindlay, Birmingham—Montgomery session..1881
Rorex, James Polk, Scottsboro—Selma session.....1880
Searcy, James Thomas, Tuscaloosa—Selma session.....1884
Sholl, Edward Henry, Birmingham—Selma session.....1880
Sledge, William Henry, Livingston—Mobile session.....1882
Smith, Daniel Edgarly, Mobile—Mobile session.....1882
Stovall, Andrew McAdams, Jasper—Mobile session.....1882
Thetford, William Fletcher, Talladega—Montgomery session 1881
Thomas, James Grey, Mobile—Selma session.....1880
Tipton, Frank, Selma—Mobile session..... 1882
Trent, Powhatan Green, Rock Mills—Selma session.....1884
Wall, Conrad, Forest Home—Selma session.....1880
Ward, Henry Bascom, Cuba—Birmingham session 1883
Wilkerson, Wooten Moore, Montgomery—Birmingham session....1883
Wright, Milton Roil, Gadsden—Selma session.....1880

THE JUNIOR COUNSELLORS.

Baldwin, Benjamin James, Montgomery—Anniston session.....1886
Binford, Peter, Somerville—Montgomery session.....1888
Bragg, Shirley, Lowndesboro—Greenville session..... 1885
Darby, John Isaac, Columbia—Tuscaloosa session 1887

Goodwin, Albert, Eufaula—Greenville session.....1885
Harlan, John Jefferson, Hackneyville—Montgomery session.....1888
Heacock, John William, Alpine—Tuscaloosa session.....1887
Hill, Luther Leonidas, Montgomery—Montgomery session 1888
Inge, Henry Tutwiler, Mobile—Greenville session 1885
Jones, John Culbreth Hezekiah, Stone—Montgomery session.....1888
Kendrick, Joel Beder, Greenville—Greenville session.....1885
Lowery, Samuel Hickman, Huntsville—Greenville session.....1885
McWhorter, Abbott Milton, Gaylesville—Tuscaloosa session 1887
Nicholson, Edward Pierson, Valley Head—Greenville session.....1885
Nolen, Abner Jackson, New Site—Anniston session.....1886
Northen, Thomas, Ashland—Tuscaloosa session.....1887
Redden, Robert James, Sulligent—Tuscaloosa session.....1887
Rushing, Francis Marion, Elba—Anniston session.....1886
Whaley, Lewis, Birmingham—Anniston session.....1886
Wheeler, William Camp, Cherokee—Montgomery session.....1888
Whelan, Charles, Birmingham—Greenville session.....1885
Wilkinson, James Anthony, Flomaton—Anniston session.....1886

THE COUNSELLORS ELECT.

Crook, John Martin, Jacksonville, Calhoun county.
Goode, Rhett, Mobile, Mobile county.
Hudson, William Henry, LaFayette, Chambers county.
LeGrand, John Clark, Anniston, Calhoun county.
Marechal, Edwin Lesley, Stockton, Baldwin county.
Toole, Barclay Wallace, Talladega, Talladega county.

Grand senior counsellors.....35
Senior counsellors.....37
Junior counsellors.....22
Counsellors elect.....6—100

THE ROLL OF COUNSELLORS BY CONGRESSIONAL DISTRICTS.

On this roll the names of the counsellors are given by congressional districts. It is intended to serve as a guide in the election of new counsellors with a view to the distribution of them in approximate proportion to the number of members in the several districts. It is not considered to be good policy, and it is not considered to be fair and right to give to a few large towns greatly more than their pro rata share of counsellors. The calculations are made to the nearest whole numbers.

THE FIRST DISTRICT.

Names of Counsellors—W. H. Abernethy, Jerome Cochran, Rhett Goode, H. T. Inge, Vivian P. Gaines, George A. Ketchum, A. J. Reese, W. H. Sanders, D. E. Smith, J. G. Thomas.

Clarke,	members	17	counsellors		0
Choctaw,	"	14	"		0
Marengo,	"	13	"		0
Mobile,	"	27	"		9
Monroe,	"	12	"		1
Washington,	"	3	"		0
Totals		86			10

One counsellor to every nine members.

THE SECOND DISTRICT.

Names of Counsellors—B. J. Baldwin, Pugh H. Brown, J. B. Gaston, Gustavus Hendrick, C. B. Herbert, L. L. Hill, W. C. Jackson, Andrew Jay, J. C. Kendrick, W. T. Kendrick, E. L. Marechal, A. A. McKittrick, T. A. Means, R. F. Michel, S. D. Seelye, Job Thigpen, J. S. Weatherly, Conrad Wall, W. M. Wilkerson, J. A. Wilkinson.

Baldwin,	members	3	counsellors		1
Butler,	"	17	"		4
Conecuh,	"	7	"		2
Crenshaw,	"	8	"		0
Covington,	"	3	"		0
Escambia,	"	11	"		1
Montgomery,	"	29	"		10
Pike,	"	16	"		2
Totals		94			20

One counsellor to every five members.

THE THIRD DISTRICT.

Names of Counsellors—John I. Darby, A. G. Emory, C. H. Franklin, Albert Goodwin, Robert H. Hayes, S. M. Hogan, Wm. A. Mitchell, F. M. Rushing.

Barbour,	members	14	counsellors	2
Bullock,	"	17	"	3
Coffee,	"	4	"	1
Dale,	"	11	"	0
Geneva,	"	13	"	0
Henry,	"	12	"	1
Lee,	"	9	"	1
Russell,	"	8	"	0
Totals.		88		8

One counsellor to every eleven members.

THE FOURTH DISTRICT.

Names of Counsellors—Shirley Bragg, Jno. P. Furniss, D. S. Hopping, Jacob Huggins, R. D. Jackson, J. Paul Jones, Jno. A. McKinnon, Jno. P. Mushatt, F. M. Peterson, W. C. Phillips, Jno. A. Pritchett, L. E. Starr, Frank Tipton.

Dallas,	members	24	counsellors	4
Hale,	"	14	"	2
Lowndes,	"	10	"	4
Perry,	"	16	"	0
Wilcox,	"	28	"	2
Totals.	"	92		12

One counsellor to every eight members.

THE FIFTH DISTRICT.

Names of Counsellors—James A. Goggans, W. H. Hudson, A. J. Nolen, Thomas Northen, J. J. Harlan.

Autauga,	members	9	counsellors	0
Bibb,	"	7	"	0
Chambers,	"	17	"	1
Chilton,	"	9	"	0
Coosa,	"	12	"	0
Clay,	"	18	"	1
Elmore,	"	12	"	0
Macon,	"	10	"	0
Tallapoosa,	"	20	"	3
Totals.	"	114		5

One counsellor to every twenty-three members.

THE SIXTH DISTRICT.

Names of Counsellors—J. P. Barclay, D. S. Brockway, Peter Bryce, J. M. Godfrey, J. A. Goodwyn, S. H. Hill, W. H. Johnston, C. C. Jones, J. C.H. Jones, J. B. Kendrick, J. B. Luckie, Joseph Moody, F. M. Prince, T. L. Robertson, J. R. Redden, J. T. Searcy, J. W. Sears, E. H. Sholl, W. H. Sledge, A. M. Stovall, H. B. Ward, R. D. Webb, Chas. Whelan, Lewis Whaley.

Fayette,	members	16	counsellors		0
Greene,	"	10	"		1
Jefferson,	"	50	"		11
Marion,	"	9	"		0
Pickens,	"	14	"		3
Lamar,	"	8	"		1
Sumter,	"	18	"		4
Tuscaloosa,	"	23	"		2
Walker,	"	15	"		2
Winston,	"	6	"		0
Totals		169			24

One counsellor to every seven members.

THE SEVENTH DISTRICT.

Names of Counsellors—D. E. Cason, W. S. DuBose, Jno. M. Crook, J. W. Heacock, J. C. LeGrand, A. M. McWhorter, E. P. Nicholson, P. G. Trent, B. W. Toole, M. R. Wright, W. F. Thetford.

Blount,	members	18	counsellors		0
Calhoun,	"	26	"		2
Cherokee,	"	18	"		1
Cleburne,	"	11	"		0
Cullman,	"	7	"		0
DeKalb,	"	10	"		1
Etowah,	"	14	"		1
Marshall,	"	9	"		0
Randolph,	"	18	"		1
St. Clair,	"	13	"		1
Talladega,	"	21	"		3
Shelby,	"	17	"		1
Totals		182			11

One counsellor to every seventeen members.

THE EIGHTH DISTRICT.

Names of Counsellors—M. C. Baldridge, Peter Binford, B. F. Cross, J. J. Dement, R. M. Fletcher, J. R. Hoffman, S. H. Lowry, J. P. Rorex, W. C. Wheeler.

Colbert,	members	14	counsellors		1
Franklin,	"	13	"		0
Jackson,	"	16	"		1
Lauderdale,	"	15	"		0
Lawrence,	"	19	"		0
Limestone,	"	6	"		1
Madison,	"	24	"		4
Morgan,	"	23	"		2
Totals		130			9

One counsellor to every fourteen members.

GENERAL SUMMARY.

The whole number of members in the State is 955, and the whole number of counsellors 100. This gives one counsellor for every 9.55 members; for convenience, we may say, one counsellor to every 10 members, about.

The first district, with 86 members and 10 counsellors, has one counsellor more than it is entitled to.

The second district, with 94 members and 20 counsellors, has ten counsellors more than it is entitled to.

The third district, with 88 members and 8 counsellors, has one counsellor less than it is entitled to.

The fourth district, with 92 members and 12 counsellors, has nearly two counsellors more than it is entitled to.

The fifth district, with 114 members and 5 counsellors, has six counsellors less than it is entitled to.

The sixth district, with 169 members and 24 counsellors, has seven counsellors more than it is entitled to.

The seventh district, with 182 members and 11 counsellors, has seven counsellors less than it is entitled to.

The eighth district, with 130 members and 9 counsellors, has four counsellors less than it is entitled to.

THE ROLL OF CORRESPONDENTS.

REVISION OF 1889.

Bizzell, William David, M. D., Atlanta, Georgia.....1881
Bozeman, Nathan, M. D., New York.....1889
Garnett, A. F., M. D., Hot Springs, Arkansas.....1875
McDaniel, Edward Davies, M. D., Camden, Alabama.....1889
Moses, Gratz A., M. D., St. Louis, Missouri.....1874
Osborn, Thomas Childress, M. D., Cleburne, Texas.....1885
Phillips, N. D., M. D., Gainesville, Florida.....1876
Richardson, Nicholas Davis, M. D., Nashville, Tennessee.....1882
Summers, Thomas O., M. D., Jacksonville, Florida.....1875
Toxey, Caleb, M. D., Mobile, Alabama.....1885

THE ROLL OF OFFICERS.

REVISION OF 1889.

PRESIDENT:

CHARLES HIGGS FRANKLIN, M. D.....Union Springs.

VICE-PRESIDENTS:

Senior—BENJAMIN FRANKLIN CROSS, M. D.....Decatur.
Junior—SHIRLEY BRAGG, M. D.....Lowndesboro.

SECRETARY:

THOMAS ALEXANDER MEANS, M. D.....Montgomery.
Term expires, 1893.

TREASURER:

WALTER CLARKE JACKSON, M. D.....Montgomery.
Term expires, 1893.

THE BOARD OF CENSORS AND COMMITTEE OF PUBLIC HEALTH.

Sholl, Edward Henry, Birmingham.....1889–1894
DuBose, Wilds Scott, Columbiana.....1889–1894
Cochran, Jerome (Senior Censor), Mobile.....1888–1893

Gaston, John Brown, Montgomery.....1888–1893
Seelye, Samuel Dibble, Montgomery.....1887–1892
Weatherly, Job Sobieski, Montgomery.....1887–1892
Baldwin, Benjamin James, Montgomery.....1886–1891
Sanders, William Henry, Mobile.....1886–1891
Dement, John Jefferson, Huntsville.....1885–1890
Ketchum, George Augustus, Mobile.....1885–1890

ORATOR:

HENRY TUTWILER INGE, M. D.....Mobile.

ALTERNATE ORATOR:

WILLIAM CAMP WHEELER, M. D.....Cherokee.

STATE HEALTH OFFICER:

JEROME COCHRAN, M. D.....Mobile.
Term expires, 1893.
(Official residence, Montgomery, Alabama.)

PLACE OF MEETING—BIRMINGHAM.

Time of meeting, the second Tuesday in April, 1890.

THE SCHEDULE OF THE REGULAR REPORTERS.

SESSION OF 1890.

BENJAMIN JAMES BALDWIN, M. D., Montgomery—
Headache and Neuralgia, Resulting from Refractive Errors.

WILLIAM LOCKE CHEW, M. D., Birmingham—
The Value of Amputation of the Scrotum as an Aid to the Radical Cure of Varicocele.

ENOCH JAMES CONYNGTON, M. D., Decatur—
Perineal Lacerations and their Treatment.

WILLIAM ELIAS BROWNLEE DAVIS, M. D., Birmingham—
A study of the Treatment of Local and General Peritonitis.

JOHN BROWN GASTON, M. D., Montgomery—
Cerebro-spinal Fever.

SAMUEL MARDIS HOGAN, M. D., Union Springs—
Congenital Club-foot, and its Early Treatment.

BOLIVAR THOMAS JONES, M. D., Birmingham—
Social Amusements as Exercise, and their Relation to Health.

CRISTO AMERICUS ROBINSON, M. D., Huntsville—
Antisepsis in Surgery.

EDWARD HENRY SHOLL, M. D., Birmingham—
The Practical Relation of the Physician to Life Insurance.

JAMES GREY THOMAS, M. D., Mobile—
Subject left to choice.

ISAAC LAFAYETTE WATKINS, M. D., Montgomery—
The Therapeutics of the Endometrium.

JAMES ANTHONY WILKINSON, M. D., Flomaton—
Some Thoughts on our Modern Therapeutics.

THE SCHEDULE OF SPECIAL COMMITTEES.

The committee on the establishment of a permanent home for the widows and orphans of physicians, and superannuated physicians, asked for and were granted further time in which to make their final report.

SCHEDULE OF THE ANNUAL SESSIONS SINCE THE ORGANIZATION IN 1868.

Selma—Albert Gallatin Mabry.....1868
Mobile—Albert Gallatin Mabry.....1869
Montgomery—Richard Fraser Michel.....1870
Mobile—Francis Armstrong Ross.....1871
Huntsville—Thomas Childress Osborn.....1872
Tuscaloosa—George Ernest Kumpe.....1873
Selma—George Augustus Ketchum.....1874
Montgomery—Job Sobieski Weatherly.....1875
Mobile—John Jefferson Dement.....1876
Birmingham—Edward Davies McDaniel.....1877
Eufaula—Peter Bryce.....1878
Selma—Robert Dickens Webb.....1879

Huntsville—Edward Pendleton Gaines.....1880
Montgomery—William Henry Anderson.....1881
Mobile—John Brown Gaston.....1882
Birmingham—Clifford Daniel Parke.....1883
Selma—Mortimer Harvey Jordan 1884
Greenville—Benjamin Hogan Riggs.....1885
Anniston—Frances Marion Peterson.....1886
Tuscaloosa—Samuel Dibble Seelye.....1887
Montgomery—Edward Henry Sholl.....1888
Mobile—Milton Columbus Baldridge.....1889

SCHEDULE OF THE ANNUAL ORATORS.

Gaston, John Brown—Mobile session.....1869
Ketchum, George Augustus—Montgomery session.....1870
Anderson, William Henry—Mobile session.....1871
Weatherly, Job Sobieski—Montgomery session.....1872
Jordan, Mortimer Harvey—Tuscaloosa session.....1873
Seelye, Samuel Dibble—Selma session.....1874
Ketchum, George Augustus—Montgomery session.....1875
Michel, Richard Fraser—Mobile session.....1876
Fournier, Edmund Henry—Birmingham session.....1877
Riggs, Benjamin Hogan—Eufaula session 1878
Mitchell, William Augustus—Selma session.....1879
Baker, Paul DeLacy—Huntsville session.....1880
Baldridge, Milton Columbus—Montgomery session.....1881
Bryce, Peter—Mobile session.....1882
Sholl, Edward Henry—Birmingham session.....1883
Sanders, William Henry—Selma session.....1884
Searcy, James Thomas—Greenville session.....1885
No oration delivered—Anniston session.....1886
Huger, Richard Proctor—Tuscaloosa session 1887
Baldwin, Benjamin James—Montgomery session.....1888
Coleman, Ruffin—Mobile session.....1889

THE OBITUARY RECORD.

AUTAUGA COUNTY—George Calvin Norris, M. D., medical college of Alabama, 1883, and junior counsellor of the state medical association, on the 3d of March, of pneumonia.

BULLOCK COUNTY—William Bowling, M. D., of malarial fever. Clement T. Fitzpatrick, M. D., Memphis medical college, 1849, of chronic bronchitis.

CHAMBERS COUNTY—Marcellus E. McIntosh, M. D., medical college of Georgia.

GREENE COUNTY—James Span Boyce, M. D., medical department of the University of Louisville, 1882, on the 11th of February, 1889, of consumption. Joseph F. Moore, M. D., medical college of Alabama, 1882, on the 8th of November, 1888, of congestion. Newton Cyrus Piles, M. D., Jefferson medical college, 1860, on the 18th of September, 1888, of heart disease. Charles Peake Sanders, M. D., Transylvania university, 1842. Disease not stated.

HENRY COUNTY—John Thomas Stovall, M. D., on the 8th of January, 1889, of an over-dose of chloral.

JEFFERSON COUNTY—Mortimer Harvey Jordan, M. D., Miami medical college, 1868; grand senior counsellor, and ex-censor, and ex-president of the state medical association, of fibroid phthisis. Brice Martin Hughes, M. D., medical department of the University of Louisiana, 1882, on the 3d of July, 1888, of suicide. Charles Calvin Gregory, M. D. Disease not stated.

LAUDERDALE COUNTY—Thomas Jefferson Crittenden, M. D., of consumption. Albert O. Oliver, M. D.; disease not stated.

LAWRENCE COUNTY—George Washington, M. D., Louisville medical college, 1878; disease not stated. Fortunatus Sidney McMahon, M. D., university of Pennsylvania, 1857, of chronic diarrhœa.

MARSHALL COUNTY—William David Russell, M. D., Cincinnati college of physicians and surgeons, 1884, of cancer of the rectum.

MORGAN COUNTY—William B. Black, county board 1877; George William Gill, M. D., university of Louisville, 1843; Robert Virgil Williams, M. D., university of Louisville, 1884; William James Young, M. D., university of Nashville, 1872; all of yellow fever.

PICKENS COUNTY—George Madison Graham, cb; disease not stated.

RUSSELL COUNTY—John K. O'Neal, M. D., of abscess of the liver.

SUMTER COUNTY—James George Foster, M. D., university of Louisiana, 1856, of heart disease.

THE APPENDIX

OF

MEDICAL AND SANITARY DISSERTATIONS

AND REPORTS.

THE ANNUAL ORATION.

BY RUFFIN COLEMAN, M. D., OF BIRMINGHAM.

Member of the Medical Association of the State of Alabama.

Ladies and Gentlemen:

It is with no ordinary pride that I appear before you this evening as the orator of our association; but this pleasure is not entirely unalloyed, for, as you well know, I stand here, by a sad dispensation of providence, in the stead of one whom you justly honored with your first choice for the duties of the hour. Yes, but for inexorable fate, Brice Martin Hughes would have charmed us at this moment with his gentle voice and winning manners; and for the love we bore him, I know you will bear with me while I drop a modest flower in tribute upon his grave. Our profession lost a brilliant promise, and many a heart its brightest light when this young man passed from us to that country from whose bourne no traveller returns. He was an able and brilliant physician, and was endowed with that happy combination of traits which some great man has declared to constitute and mark the surgeon, "the heart of a lion, and the hand of a woman."

He was a most winning friend. In disposition he was bold, without being aggressive; proud, but not arrogant; dignified, but not austere; genial, but not frivolous; fixed in his convictions, but neither bigoted nor dogmatic. He was everything that gave the world assurance of a man. But, alas! the curtain fell, and in the heyday of youth, in the flush of his young manhood, he passed from off our stage to take his chamber in the silent halls of death. As Longfellow says of Young Evangeline, we may say of him:

"Something there was in his life incomplete, imperfect, unfinished,
As if a morning in June, with all its music and sunshine,
Suddenly paused in the sky, and, fading, slowly descended
Into the east again, from whence it late had arisen."

With a fond adieu, we turn to brighter themes.

And, in the first place, fellow-members of the association, I congratulate you that kind fortune has cast our lines in such pleasant places; and I confess to a feeling of worthy pride as I raise my voice in this classic city that sits like a queen beside the blue waves and golden sands of the southern gulf. Yes, we stand upon historic ground; we stand within the pale of a city that echoed to the shots and shouts of DeSoto and his cavaliers; a city that saw the first dawn of civilization in the howling wilderness of Alabama; a city whose name has been not only co-extensive with, but frequently known beyond the name of her mother state; a city around whose hearthstones hover the shades of distinguished men and illustrious women. Here lived the erudite and patriotic Campbell; the gallant and loyal Bragg; the daring and heroic Semmes; the great and honored Knott; the witty and scholarly Anderson; the brilliant and lamented Gilmore; the generous and noble Gaines. Here lived the accomplished and elegant Madame LeVert, whose name filled two hemispheres, and here still lives the foremost novelist within American borders, the gifted author of St. Elmo and Beulah—books which have perhaps been more widely read than any published in America. We are, indeed, on consecrated ground, and surely no inspiration is lacking to raise me to the height of the argument of the theme which I have chosen to present you this evening—

"WOMAN'S RELATIONS TO THE HIGHER EDUCATION AND PROFESSIONS, AS VIEWED FROM PHYSIOLOGICAL, AND OTHER STAND-POINTS."

I see a smile flit over the faces of you venerable fathers, as I, a young, unmated excelsior, rush into the conflict, bearing aloft my banner with its strange device. But, my hearers, though I stand here to-day as lonely as a solitary pine upon the dry Tortugas; though—

"For me no blazing hearth shall burn
Or busy housewife ply her evening care,
Nor children run to lisp their sire's return,
Or climb his knee the envied kiss to share;"

Though desolate be my lot, yet when it comes to the question of woman's ability, I speak not as the scribes or pharisees, but even as one with authority. Since a tender youth, when I climbed the hillside to pluck the first ripe grapes for that bright-haired maiden (gone, alas! I know not where), I have pursued after the fair beings—whether amid the fragrance of orange groves, western blizzards or northern snows, I have followed the brilliant *ignis fatuus*, "that, like the circle bounding earth and skies, allures from far, yet as I follow flies," and no man, however much married, is a more competent witness to the power and prowess of woman.

I am aware that there is much opposition to the views I shall lay before you as to woman's claims to all the rights, privileges and immunities of higher mental development, and the common benefits that will arise therefrom. Public opinion generally is against me, and our profession has ever been in an attitude of persistent hostility to the admission of woman into the higher learning and professions. Conservatism is a good trait in human character; it is well enough that many people shall iterate "whatever is, is right; what was good enough for our forefathers is good enough for us." I shall not, therefore, be awry with any one who repudiates my views. Rest assured, too, that it is not from any defect in my esteem of my honored profession that I deem woman worthy to enter its sacred precincts. I yield to no one in reverence to our high calling, and its noble followers. I know that it is a science affording unbounded scope to the most enlightened and far-reaching mind; that it is a career of work and worry; that it demands uncomplaining devotion to duty seldom equalled in any liberal calling. "Its ordeals are singularly trying; the first introduction into the dissecting room; the first lessons in the operating theatre; the first performance of post-mortem operation; the first visit in case of infection; the early struggle for practice when youth is the certain preventive to progress; the night

and day of toil; the intimate conversance with human misery, mental and physical, in all its most terrible forms; the implicit trusts and confidences that have to be received and maintained with a watchfulness that knows no limit—these constitute, I say, a trying ordeal." And, alas, too frequently, broken rest and querulous complaints are the only rewards, and the poor Samaritan must be prompted onward by the highest sense of charity and benevolence, and sustained and soothed by that unfaltering trust that leads the missionary to the poisonous swamps and jungles of the tropics. Still, despite all these hard prerequisites, I maintain that woman is easily able to bear the burden even on to the highest point of success, not only in our profession, but in all spheres of intellectual endeavor.

Now, to my judgment this question is not a chimerical one, nor one foreign to the atmosphere of this association; on the contrary, both as to its determining principles and its ultimate bearings, it lies entirely within the domain of science, and especially within the province of hygiene and physiology; and the verdict upon its merits should be rendered, not according to prejudice and "*a priori*" judgments, but rather according to the methods of modern science—a careful and unbiased investigation of the principles and facts.

Then, as Antony begged of the Roman mob, I ask that you "lend me your ears," as I briefly and dispassionately review the objections urged against the Amazons carrying war into man's Africa.

These objections are of two kinds—scientific and æsthetic. Primarily, it is argued that a wide disparity exists between woman's physical strength and endurance on the one hand, and on the other, the intense strain and outlay of nervous energy requisite for the higher walks of scientific and professional life; it is gravely assumed that the higher intellectuality can be won only by the sacrifice of physical robustness, and upon the premise of such untoward results, most dire consequences are foreboded touching the perpetuation and character of the human race. Far from it; any change from the present state of woman's health and vigor would be an improvement de-

vently to be wished. Countenances sicklied o'er with the pale cast of ill health are to be seen, alas! much oftener than the roseate flush of robustness. Nervousness, lassitude, listlessness, headaches, yea, hysteria, are not altogether unknown in the consultation room. And surely these are not all to be laid at the door of violent brain culture. Oh, no, there are other reasons more guilty. One bright woman suggests that a girl strong enough to live an idle and frivolous life, has done the hardest work ever found to be done, and that the life that many girls lead after leaving school could be exchanged for a carpenter's with advantage to nerve and brain. Yes, the amount of exercise indulged in by most of our women, especially at the south, is about equal to that of the model woman described by Socrates, who filled her desires in this direction by folding up and putting away her clothes. Now in view of the extent of some wardrobes this would be considerable labor, but only consider the cramping style of those clothes. We laugh at the Pagan Chinee for compressing the feet of their fair ones into wooden shoes, but, reverend doctors, we nineteenth century people, in the blaze of the sun of western civilization, inflict, by our social customs and requirements, in style, torture and deformity a thousand fold more intense than did ever Ah Sing upon his almond eyed lady. "So cribbed, cabined, and confined," with attenuated waist, and contorted feet, our noble Anglo Saxon women are growing more and more a prey to all the ills that flesh is heir to. Why whoever saw a lady run—the very idea is a sacrilege. And even when children, how stands the case? While the boy pursues the flying ball, chases the hoop, or scours the plain, the tender ship of a sister is berigged in ribbons, flounces and things, and put into a straight jacket of ponderous decorum and inactivity. And in spite of the girl's physical inferiority, by a strange perversion of common sense, it is deemed a wise thing that she should have completed her mental training, entered society, and hooked her fish, at an age when her more robust brother is still kept pounding at his roots and his theorems, hammering out the solid metal of a sure and abiding culture.

The illogical attitude of the medical profession upon this point is summed up gingerly by a brilliant lady. She says the physicians cry: "Women beware! beware!! You are on the brink of destruction; you have hitherto been engaged only in crushing your waists; now you are attempting to cultivate your mind! You have been merely dancing all night in the foul air of the ball-room; now you are beginning to spend your mornings in study. You have been incessantly stimulating your emotions with concerts and operas, with French plays, and French novels; now you are exerting your understanding to learn Greek, and solve propositions in Euclid. Beware! oh beware!! science pronounces that the woman who studies is lost." A hundred times no! I exclaim.

A large per cent. of the disorders of the nervous system now so prevalent among women I believe due to ennui, which would be all dissipated in the light and pleasure of a well-stored intelligence. "A sound mind in a sound body," is a true saying, and the reverse is frequently as true, "a sound body from a sound mind." The interaction is mutual. The experience of to-day of all the leading centres of higher female education fully demonstrates that health and close study under salutary regulations are not at all sworn foes; and, further, that the students of these institutions are much more eager after healthful and robust sports of every kind than is the Martha-like sister who kitchenward plods her weary way; or the fairer belle, who trips the "light fantastic" until the dappled dawn doth rise. For one case of breakdown from overwork among women, there are a score from ennui, and sheer inanition of doing nothing. It can not be denied that mental and physical collapse will sometimes occur in the higher work from overstrain, and lack of hygienic regulations. For the matter of that, it is not an unknown sight to see a youth whose mind jangles, and is out of tune, and whose body is become but a frail weed from suicidal over-work. Cautious medical regulations are requisite for the welfare of both sexes, and a more enlightened policy and oversight is loudly demanded for the prevention of the many maladies incident

to our entire system of education, which are due, doubtless, to overpressure, wretched ventilation, and a general infringement of the simplest principles of good health as known to our profession. Eventually this medical supervision will prevail, and all these objections on the score of physical disabilities will be eliminated. But after all, we must not forget the fact that it is especially true in the silent realm of thought that the battle is not to the strong, nor the race to the swift. Alexander Pope was not a Hercules, George Washington was no miracle of strength, Alexander Stephens, one of the foremost men in the annals of the south, was an emaciated dwarf. Ah! exclaims some æsthetic physiologist, all this storm and stress will make for the advanced woman a brutalized physique; such a figure as will banish the soft folds and graceful draperies that now characterize female dress and give such elegance and fascination to woman. In other words, that all lady doctors will dress a la Dr. Mary Walker. Furthermore, the beauty lover contends that woman's lovely face will be all spoiled. The frontal bone, the forehead, he says, will grow too large from study, and thus lose that coy beauty with which it now nestles below the bramble of blowsy bangs. Juno and Venus, he prophecies, will vanish from the face of the land, leaving only a howling race of spectacled Minervas ranging about seeking whom they may devour. God forbid! The æsthetic turn of the argument, however, is contrived to affright the ladies themselves, who have some weakness in this direction, but it is only a man of straw. The three goddesses will rather be blended in one, and to the soft outline and mantling color of the lovely Helen, will be added that more subtle and finer beauty which the lofty soul silently chisels into the roughest features; that tender and refined air which Raphael gives to his ethereal master-pieces, and that grows alone from high and noble thoughts seated in a mind of gentlest culture.

When we come to the second question as to woman's ability to grasp the broad and complex truths lying in the profounder sciences, we are again confronted with much skepticism. Nor is the fact amazing. A few years ago woman was caged in

behind castle-bars as man's unworthy plaything, instead of his noble and equal helpmeet. Before this spirit of tyranny, not yet dead, her intellectual capacities have been most grudgingly admitted, and the means for their development set at the minimum. Unquestionably, there is a wide sexual divergence in the mental attributes of the two sexes. May be, as Tennyson sings, "Woman is unto man as water unto wine." She doubtless is more emotional; she depends more upon intuition; but, this, after all, may be only instantaneous logic, with man's cumbersome machinery of premise and syllogism omitted—

> "Man owns her logic of the heart
> And wisdom of unreason,
> Supplying, while he doubts and weighs,
> The needed word in season."

But, however weak they are, is it not better to develop these faculties, to inform them, to train them to a noble self-reliance than to leave them to lean at chance upon any broken reed that is offered? But how stands the matter? With a great many is it not thought enough if a woman is on speaking terms with the three R's; or as Mrs. Malaprop puts it to Lydia Languish: "Enough geography to know the contiguous counties, and enough arithmetic to subdue a column of common household expenses? And, in more polite walks, where ciphering is vulgar, what is the case? Some superficial refinement of manners, and knowledge of the forms of society; a small stock of ordinary phrases, a slight attendance on the play, and above all, a fashionable taste for dress." A dish of intellectual pabulum that would more fit the brain of a chicken. And what are necessarily the pernicious results of this system of repression? Of what art, is one thus trained, a mistress by which she might earn a living, if alone, in the struggle for existence into which this world is plunged? Can such a one aid in the care of a father or mother, should misfortune fling them upon her some day? Or how fitted is she, when her labors of indolence are ended, to aid some poor worthy fellow, be he a doctor, or what, on up to nobler ends, and star-eyed aspirations? In those hours when gloom gathers upon the brightest heavens,

when adversities and restless feelings come, is she one for a counsellor, to sustain by her purpose and character, and soothe by her thoughtful care? I see her as an impediment rather, a weight to every stroke of the brave swimmer's arm. Fudge, says some one, "it is unwomanly for a woman to do other than household work; she is unsexed by any occupation beyond the pale of home; she is altogether too lovely, too pure, too ethereal, to alight upon the dust of the arena." Far be it from me to do violence to the tenderest ideal of womanly loveliness, purity, modesty, sanctity. May no winds ever visit the least of them too roughly; may the snows that rest on Mount Washington be no purer than she; may she ever be regarded with the sentiments of highest chivalry, yea, may ten thousand swords leap from their scabbards at a rough look upon her. Still, I do not appreciate that one hair's breadth of this fairness will be yielded by a little wholesome labor, or a little mental elevation. I have yet to see a lady, less a lady for earning money; she forfeits not a whit of esteem, but rather gains in worthiness by earning a state of independence and self-support instead of dangling as a pensioner upon another's bounty. Such a woman must carry herself with a self-respect that no sneer can cover, or rusty dress conceal. To equal man, she need not ape him, nor necessarily grow manish. In a larger and more public sphere, her truth will grow stronger with strength; her purity grow positive, instead of negative, and her gentleness be purged of its weakness.

It sounds most gallant to contend that woman should do no work in the every-day walks of life, but it cannot be denied that this idea has had its issue in many women being neither bread-winners nor bread-makers; and degenerating into creatures of the world, whose aspirations are mere yearnings for social eclat, and dazzling robes of purple, and fine linen; in short, whose prototypes are the Biblical lilies, toiling nor spinning not, yet outrivaling Solomon in all his glory. Of course, it is not always so. Indeed, this slavery of woman to purely domestic duties, and on the other hand, this worship of her, as if she were from a brighter realm, fostered generations of

housewives and social queens in our southern country, the boast of its citizens, and the admiration of strangers. But with environments changed, customs must change. To-day is not as a day in 1860. From many families the besom of war swept every vestige of property, and it cannot be denied that the problem of life for man or woman, single or married, grows more and more complex, the battle for survival more and more desperate. Whether as wife, or as antiquated maids, women must put their hand to the wheel in the ever more grinding strife.

Some one asks what is the good of all this higher mental training, if as soon as a woman is thus trained, she marries? Her mission, he goes on to say, is to bake my bread, broil my chops, look to my children, and see to me in sickness. I wish, as my companion, no blue-stocking, or female martyr, no St. Agnes, nor Catherine Leyburn. Is it, dear sir, that your own intellectual fire is such a rush light, that you prefer darkness rather than light? Well, there are yet many after your heart's liking. But we must know that as a man's intellectual standard advances, so must woman's. Ah! those were good old days for silly women when the mixing of a julep made them virtuous, and skill in roast pig an ornament to their sex; when the milliner and rogue pot paved the way to man's heart, and the kitchen to his esteem. But the days of John Falstaff are gone; and while true that "A civilized man can not live without dining," man can not live by "bread alone." Is love to be an appetite, or a sentiment? Is woman to be a help-meet or a hinder-meet? A bauble or a companion? And are learning and housewifery any more incompatible than learning and any of man's drudgery? Chemistry and cooking, mathematics and matrimony, may go hand in hand. It is possible that one should at the same time contemplate lofty ideals, and not forget lowly realities. Grant, too, at most, that woman can only pass her culture to her children. However high her accomplishments, can they serve, according to a physician's view, any better end? The highest social and physiological benefits needs must accrue from such results. No men know better

than we the powerful influence of heredity, and the admirable work of the great English scientist, Mr. Galton, is a powerful tribute to this parental influence that silently, but surely shifts the shuttle, and weaves the web of many a mortal in colors, bright it may be, but more often of a sombre hue.

It is an old saying—and a true one—"That the hand that rocks the cradle, rocks the world." Its basis is in the well-established law that of the two parents, the mother exerts by far the strongest influence upon children, whether directly, or indirectly. In nearly every instance of great historic fame, it is possible to discover in the mother, the basis of the man's sterling worth, inflexible character, brilliant intellect, or whatever other trait that marks him. Shakspeare, Pope, Napoleon, Lee, and a host of others, bear witness to this truth. Though clever fathers seldom have clever sons, almost all great men have had superior women for their mothers. Nor does the influence cease with the child, but woman governs men; and as the wife, so generally is the husband. I firmly believe that if that higher evolution of humanity for which men are struggling, praying, evangelizing, is ever to be, it will come only by a development of woman, *pari passu*, with the advance of man. A higher domestic tone will be inaugurated, life will be rendered richer in all that constitutes higher attractiveness, and the end of complete and wise being more nearly reached in manifold ways.

But let us not forget that this implied concession that every lassie will have her laddie, alas! will not be true. Strive howsoever stoutly as some of us may to bring about this desirable end, we can not change the statistics. Woman to day is confronted by an environment different from that of many periods of history. The numerical proportion of the sexes has changed, and to-day the women outnumber the men in the ratio of 21 to 20. Only to think of it. "Now, polygamy and female infanticide can not be reverted to, in order to reduce the surplus. Nor can we reverse the Sabine story, and allow women to pounce down upon other lands for stray superfluous males." After creation's lords have selected the best of creation's

ladies, there is still a dreary residue that are left either to go through the unwomanly act of earning a livelihood, or the womanly act of perishing. There are three million such in these United States, in these hard straits. Must they be turned without arms, or equipment into the battle that is raging about our ears; be cast into the raging sea without belt, plank, or contrivance whatsoever, whereby to keep their heads above water? It is a cruel respect that demands of a woman to starve merely for conformity to a false standard of feminine deportment established by society under circumstances and environments entirely at variance with the condition that confronts woman to-day.

Finally, I ask if the achievements standing to the credit of woman in the past, are not an adequate earnest of her grand possibilities, should all hampering restraints of prejudice and tradition be removed; and do they not cry aloud that the golden day of this emancipation should be hastened on? An ounce of experience is worth a ship-load of theory. A glance at history reveals a glorious array of illustrious women in every walk of life that brands the imputation of her imbecility as a vile slander.

Would you behold patriotism of the highest type. See the self-devotion to her country of the young maid of Orleans as she offers herself, like Iphigenia of old, a living sacrifice on the altar of La Belle France, now inciting the recreant soldiery to do or die; now leading them with consummate strategy and skill to victory; or, now in prison, still unconquered, and unconquerable, or at the stake giving up her pure spirit, with a smile parting her innocent lips.

Is it philanthropy you wish? Behold yon figure in the somber habiliments of a plain Quaker Friend, Elizabeth Fry, walking the wards of a pestilential prison house, and I ask if any man—not excepting John Howard—has ever done more for the amelioration of the horrors of prison life, for the permanent betterment of those unfortunates doomed to suffer the penalty of the law. Or see in the flash of that cannon, a tall figure in black, moving under that sulphurous canopy of smoke

from prostrate form to postrate form, staunching this wound, or offering to those parched lips, a cup of water—it is Florence Nightingale at Balaklava—and no mortal is more worthy to be called blessed:

O, watcher, worn and pale,
Good Florence Nightingale,
Thanks, loving thanks, for thy large work and will!
England is glad of thee,
Christ, for thy charity,
Take thee to joy, when hand and heart are still!

Religion, too, has her St. Agnes, her Catherine of Sienna, and her latter day heroine who turn their backs upon luxurious homes to carry the light of Bethlehem's Star to their sisters sitting beneath the shadows of the Dark Continent.

In medicine woman has made her way through the trials of ward and dissecting room to honorable distinction, and several, like Drs. Mary Putnam Jacobi and Grace Peckham have added lustre to our profession. And we even see American Portias called to the bar, and Dinahs warning the world of judgment to come. No one can deny that the touch of her hand is softer than man's, and as for her powers of language, who dare deny. She has made her way through school and college up to some of the foremost educational posts. In the leading schools of England and of this country, when admitted to competition with men, woman makes as fair progress, and often bears away the honors. The most creditable portions of our magazines are productions of her pen; and she stands forth as the most successful administrators of colleges, the peers of any man in learning and control.

Some of the most magnificent work of this century in art stands to the credit of Rosa Bonnheur. George Elliot is one of the foremost modern thinkers; and the recent planet that has swung into the literary firmament, Robert Elsmere, would seem to prophesy that George Elliot's mantle of masterly accuracy and sweep, has fallen on the shoulders of another woman. And there, too, is that poet whose words sink into the heart as dew into the flower, Mrs. Browning. In a word, the pages

of history are all the brighter with immortal deeds, and the world all the richer that a host of women have lived, the equals of any man in statesmanship, heroism, and all that depends on largeness of brain and magnanimity of soul.

Now, gentlemen of the association, the greatest advance in the medical science of our generation is the clearer and more general recognition that the power of the physician to cure disease is extremely limited, and that the aim of the enlightened doctor, should be prevention. Now woman, as we have seen, is the great moulding influence of society, of humanity, and as the die, so the casting. In all the world, there is no more potent factor for injury; nor, on the other hand, a more potent factor for all that is good, beautiful and true.

Would we rear a hardier and more robust manhood; would we elevate the intellectual and moral tone of each succeeding generation—woman holds the key. But whether or not, the portal shall be opened upon this roseate future, which we all must earnestly wish for, will be determined in a large part by the attitude of the medical profession, both in its advice, and in its supervision. Our endeavors, of course, primarily concern the health of the body; and may the day be hastened when we again may see in the flesh the counterparts of the Greeks' Venus de Medici, or Diana the Huntress; but we also are to minister to a mind diseased; and to eradicate false ideas of womanhood; to insist upon brain as well as body culture, seems to me one of the highest offices of the physician. The good that will accrue to the human race, from such a consummation, will far outreach all the benefits of pills and potions, though they be stacked like Pelion on Ossa, or flow as free as the mighty Nile. In justice, then, to woman's inalienable rights to freedom of choice; and in justice to her many intellectual triumphs of the past; in behalf of her own physical and mental elevation, and in behalf of the infinite good that will ensue for the entire human family from this elevation, I hold that woman should be admitted to all the higher privileges of academic and professional life.

The medical profession can bestow upon our race no larger boon than the cure of all the infirmities, and the eradication of all the popular fallacies concerning woman's strength and ability, that now obstruct the path to this great reformation.

ELECTRICITY IN GYNECOLOGY.

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It is not my purpose to endeavor to show that electricity is a panacea for all the ills of womankind, but to present the subject as one who has given it considerable study, and who has had some experience in its use. No doubt ultra-enthusiasm has led to frequent failure; but while, by some, perhaps too much has been claimed, by others it has not received the consideration it deserves. Too many are attempting to use electricity, however, before learning something of the indications for its application, and of its physics and physiology, and often fail to get satisfactory results, and do much harm—but this should not argue against its proper use. In the hands of gynecologists, who have familiarized themselves with its actions, and learned how to keep an outfit in proper condition for work, the agent has accomplished all that could be expected, and complaints have not come from this class; while others, with no experience whatever in the practice of electricity as recommended by Apostoli, have condemned it in the most emphatic language. But when Sir Spencer Wells, the Keiths, Engelmann, Lapthorn Smith, and a host of other competent observers, state that they have been gratified with the results they have seen accomplished, there should be no question as to its value as a therapeutic agent in gynecology.

In this paper I will confine my remarks to faradism and galvanism (the electrolytic current), the forms of electricity used by Apostoli, and with which I have had experience.

While faradism and the mild galvanic currents had been used before Tripier's and Apostoli's investigations, yet but

little was accomplished until they placed their application upon a scientific basis; and especially does Apostoli deserve credit for pointing out the limit of Tripier's treatment in chronic inflammations of the uterus.

Faradism being a stimulant and tonic to enfeebled and relaxed muscular and nerve fibers, it has proven a very valuable agent in relaxation of the uterus, vagina, uterine ligaments, and for dilated blood vessels, and, too, in relieving pain.

The application of strong galvanic currents is in its infancy, and to Apostoli is due the credit for its popularity. He has been enabled by the use of his abdominal electrode of clay, a good galvanometer, a strong electrolytic battery, and an inattackable sound or needle, to concentrate the current of one pole, without danger, render the other passive, and administer very high intensities without pain to the patient. He thus utilizes the chemical properties of each pole in a "precise and dosable manner." When absorption and disintegration are desirable, the negative, alkaline, or absorbent pole is used; when hemorrhage is to be controlled the positive, or acid, coagulating pole. The inter-polar effects are also increased with the intensity of the current—rendered bearable at such high doses, by him.

I employ a 50-cell *Diamond Carbon* battery, thirty cells of which will furnish a sufficient current, without a rheostat, for all gynecological work. This battery was constructed under my supervision by Woodruff & Harris, of Birmingham, and is a model for office work. Instead of this, I have recently adopted the Edison circuit, direct from the dynamo. This current is preferred to that furnished by cells, since the annoyances and inconveniences of a battery are avoided. Doubtless the dynamo, recommended by Franklin Martin, will soon be adopted in places where the Edison light is not used.

I have several sizes of cutaneous electrodes, and use each according to the intensity of the current administered. The electrode of potter's clay is only used with doses of more than 100 milliampères, since it is so unpleasant to the patient. Martin's surface electrode—*Trans. Inter. Med. Cong.* '87—

is the best yet suggested, and will, doubtless, be generally adopted, except with very high intensities, when the large clay electrode is preferable. Massey's current controller—*Electricity in Diseases of Women*—meets all the indications for a

[Massey's Current Controller.]

rheostat, and the current can be varied at will by its use, with scarcely any shock. "It consists of a ground glass plate, provided with a tapering area of soft pencil-mark, broadening into thick graphite, embedded in the glass, where it is joined to lead, over which a brass contact, attached to a crank, can be made to pass." When the crank is placed to the right of a hard rubber button the contact rests entirely on the glass and the circuit is broken. Moving it to the right the resistance to the circuit gradually grows less until the desired intensity is reached. The increase and decrease is very gradual. With this instrument we are enabled to administer an incandescent light current for all strengths of galvanic work. It is pre-

ferred to Bailey's rheostat, used by Apostoli, since it does not leave any resistance in the circuit, when desired, and because it is simpler and avoids shock better.

[Apostoli's Platinum Electrode for Galvano-Puncture and Intra-Uterine use, in Electrolysis of Fibroid and Cystic Tumors.]

Gaiffe's galvanometer has been used in all applications of the current. It registers as high as 250 milliampères. A good meter is indispensable for every application. In addition to the apparatus mentioned, I have a number of different forms of uterine electrodes, such as recommended by Apostoli and Martin, and also a portable galvanic battery, but find it almost useless in the administration of high intensities; hence I have been forced to confine my work principally to office practice.

The faradic apparatus which I use, is the one recommended by Apostoli, and consists of his bi-polar vaginal and uterine exciters, and a Gaiffe battery, which has a bobbin of very thick, short wire, and another of very fine, long wire, both of which can be used with the same primary coil. The former furnishes the current of quantity, so highly recommended by Apostoli for relaxed muscle, and the latter the current of tension, the remedy *par excellence* for pelvic pain. Apostoli claims the following advantages over the uni-polar electrodes, for his bi-polar uterine and vaginal exciters, in which the two poles terminate in about an inch

[Apostoli's Bi-polar Intra-Uterine Electrode for Faradic Current.]

from each other at the end of the instrument:

"1. Doing away with the cutaneous pole.

"2. Concentrating on the uterus and its ligaments the whole of the electrical action.

"3. The operation is easier and does not require the assistance of the patient nor any one else to hold the tampons.

"4. The operation is less painful on account of the current not passing through the skin.

"5. The operation is stronger and more effective on account of the possible increase of the uterine contractility, the facility being given by employing, although with less pain, a much stronger current, with the result that it is more curative."

Since it is to the condition of the uterus following parturition, that we must look for the explanation of nearly all the inflammatory troubles of this organ presented to the gynecologist for treatment; and since these processes give rise to displacements of the uterus and cause so many pelvic diseases, any agent which promises to prevent or relieve subnivolution of the uterus should receive a very hearty welcome. And just here, I will state, that faradism is given so prominent a place in this paper, not so much for the number of diseases which it is capable of curing, as for its power as a preventive. To my mind, no physician who does any obstetrical practice whatever, should be without a suitable faradic outfit. The application of this current is so simple that it can be used by any member of the profession; and I am thoroughly convinced, that by its proper use, the majority of the troubles with which women are afflicted, after an abortion or delivery at full term, could be prevented. My experience has convinced me, beyond question, of the correctness of Tripier's conclusion, "that the faradic current is capable of relieving engorgement of the uterus;" (restricted to the enlarged, soft, hyperæmic uterus, which so often results from an abortion, etc.), and as such, an invaluable preventive against the pathological conditions which so often arise from this cause.

I do not use the remedy immediately after every delivery, as recommended by Apostoli—*Annals of Gynec.*, 1881—but wait until the uterus has had time for involution to be com-

pleted. As you know, he applies the current of quantity at once in the uterus of a woman, who has been delivered at term, or sooner, and repeats the operation eight or nine times within six days after confinement at full term, and fifteen to twenty times after an abortion. His object is—*Apostoli Annals de Gynec.*—to help and hasten uterine involution; "to shorten convalesence and to prevent the complications which result from its stoppage or slowness." This effect has been demonstrated by clinical experience, and can be practiced with profit in the hospital. Inasmuch, however, as every woman who is confined or has an abortion does not suffer from subinvolution of the uterus, and since the expense required for this system of treatment could not, or would not be afforded except by a very small class, unless it were certain that the uterus would not return to its normal size, it has, therefore, seemed the wiser plan in my own practice, to prescribe ergot, which—*Apostoli, Chronic Metritis*—acts very much as faradization on the smooth muscular fibre of the uterus, "although not by any means so prompt, energetic or reliable," after every confinement or abortion, and to use it more freely in cases of laceration of the cervix.

I examine all cases at the expiration of six weeks, and if I find the uterus enlarged—subinvoluted—I begin at once to apply the bi-polar uterine excitor of Apostoli and repeat the operation every second or third day, for ten to fifteen minutes at a time, until the organ has returned to its proper size, which can be counted on with almost mathematical certainty.

I have used the current of quantity, as recommended by Apostoli, in a large number of cases with the most satisfactory results, but having found by the use of the current of tension—the current from the long, fine wire—for pain in an enlarged, hyperæmic uterus, that the organ would be reduced in size the same as when the current of quantity was administered, recently I have adopted the current of tension in a large proportion of the cases of enlargement and in relaxation of muscle, as well as for pain. The current of tension is much better borne by the patient, and I have been unable to recognize

any difference in the results. The current should be used as strong as the patient can stand comfortably—this being the guide as to dose. I practice strict antisepsis, and after the operation support the uterus with tampons of wool and cotton, and I desire to insist upon the importance of this; for, by supporting the organ we relieve the passive congestion resulting from the lengthening of the veins, which have no valves, and thus bring to bear a very important factor in the treatment. The patient rarely suffers any inconvenience after the operation and can return to her household duties as if nothing had occurred. She generally feels relieved of the fullness in the pelvis, and always sleeps better on the night following the treatment.

Contrary to the instructions of Apostoli, I generally introduce the uterine excitor through a bi-valve speculum, as opportunity is afforded of cleansing the cervix beyond that had by a simple vaginal injection, given before the introduction of the instrument. There is seldom any pain from hooking down the anterior lip of the cervix and the passage of the sound. I always rest the handle of the electrode on a large wad of absorbent cotton, which prevents any traumatism to the endometrium.

While, as stated, the woman rarely suffers after the operation, yet it is better to insist that she remain in bed till the next day, as should be done after the passage of the uterine sound for any purpose.

In cases coming to the physician after subinvolution has existed for a greater or less time, when it is not possible to say whether the condition is one of incomplete retrograde metamorphosis or chronic metritis, in the stage of hyperplasia—when the muscular structure of the uterus has been supplanted by the formation of new tissue, the faradic current proves a very valuable diagnostic measure; for if the organ is not reduced perceptibly after eight or ten applications of the current—*Apostoli, Chronic Metritis*—this is proof that the condition is not that of retrograde metamorphosis—simple subinvolution—but a condition which always results from this when

not relieved—*hyperplasia*—the treatment of which is not a mechanical one, as taught by Tripier, for it is not an engorgement as he believed, but a new formation—*Apostoli, Chronic Metritis.* For this and the inflammation which is always associated with it—*endomitritis*, in one of its forms—Apostoli has taught us that the electrolytic current is indicated, "by which we can attack the lining of the organ," and at the same time procure the trophic effects of the current—thus modify the nutrition of the organ, and procure absorption and retrograde metamorphosis of the areolar structure. Should there be hemorrhage or profuse leucorrhœa, the positive would be indicated, and the current should be applied for five minutes, with from 100 to 150 miliampères, twice a week. In cases where there is no hemorrhage, and no leucorrhœa, the negative pole should be applied, on account of its more powerful effects in restoring the circulation and producing absorption. About twenty applications will generally be required in this class of cases.

In chronic inflammation in the last stage—a fibrous condition—the negative current should be used as in the case just described, and in addition, negative punctures of the cervix, with from 100 to 200 milliampères—*Apostoli, Chronic Metritis.* As the conditions of the uterus, of which we have just spoken, are the most frequent cause of displacement, and since these can be relieved by faradism and galvanism, what could be more rational than to place electricity as the agent above all others for the prevention and treatment of *displacements of the uterus?* You say the treatment recommended by Tripier has been disappointing; and you are correct, for he did not recognize the chronic inflammations of the uterus as different from simple subinvolution—*Apostoli, Chronic Metritis*—and hence thought that faradism was indicated for all cases.

The electrical treatment of uterine displacements is based upon anatomical and pathological facts, which have been very ably discussed by Dr. A. Lapthorn Smith—*American Journal Obstetrics*, June, 1888—and since the uterus is a muscular organ, supported and held in position by muscles, it is rational

to conclude with him "that the muscle of the organ itself prevents it from being flexed, that the muscles of the ligaments prevent it from being verted, and that the muscles of the vagina and perineum prevent it from being prolapsed." It matters not whether the flexion be due to want of "tone in the muscle;" be due to "defective nutrition or innervation, owing to the poor quality of the blood supply," or the "want of nervous fluid," by the failure of the sympathetic to supply this sufficiently, or to hyperæmia, we have a reliable and effective remedy in the faradic current.

My experience in cases of retroflexion, when there was no hyperplasia, has been most gratifying. Some patients have been relieved with as few as six applications. The following report of a case will serve to illustrate:

Was consulted June 1, 1888, by Anne G., colored, aged 23; had an abortion four months previously, at third month; was suffering with pain in back and over both ovaries, and could scarcely walk owing to severe "backache." The uterus measured 3¼ inches, and was retroflexed. After cleansing the vagina and cervix with a five per cent. solution of carbolic acid, the bi-polar excitor of Apostoli was introduced into the uterus, and the current of quantity administered for ten minutes; patient stood very strong current, and felt better after the application. A dry tampon was introduced to support uterus. After six applications, made every third day, the uterus remained in position, and she was relieved of all symptoms. This case was cured in a shorter time than we usually expect, for even in the early stages of engorgement from ten to twenty applications are required.

When the displacement is accompanied with chronic inflammation, and the organ enlarged from that cause, it is necessary to apply the galvanic current to reduce the size of the organ, as has been recommended, alternating with the faradic, in order to strengthen the muscle, as the hypergenetic tissues are absorbed.

In "fixed flexions," when the displacement is associated with the last stage of chronic inflammation, in which there is a hard

cartilaginous-like cervix, the same treatment should be adopted as for chronic inflammation of the uterus in the last stage, which has been described. Of course the cure of displacements will depend altogether on the causes and to the pathological condition of the organ, and hence, while an engorged uterus can be reduced in size and restored to position in a few weeks, very chronic processes will require as many months. Displacements of the uterus, associated with adhesions, find a very valuable remedy in the mild applications of the galvanic current.

The following case is reported to illustrate the effects of the faradic current on the perineum, vagina and uterine ligaments in prolapsus of the uterus, and also the effects of the current in relieving pain:

Mrs. P., age 35 years, had last child four years ago (four years before consulting me), since which time she had suffered almost the entire time, from pelvic pains, insomnia, and very marked nervous symptoms. The pain was so severe at her menstrual periods that she had been advised by her physician to have her ovaries removed, and it was for this purpose that I was consulted. Her uterus was normal in size, and prolapsed to a marked degree, which was due to its relaxed supports. The bi-polar vaginal exciter, with strong current, was used every second or third day, for two weeks, and at the next period she did not know when the flow appeared. In eight weeks her uterus remained in proper position; she was relieved of insomnia, and her nervous symptoms improved. Two months after the treatment was stopped she became pregnant. Both the currents of quantity and of tension were used at each consultation in this case.

The effects of the faradic current in strengthening the uterine supports were very forcibly demonstrated to me, by its application in a case where the uterus protruded from the vulva, after the cervix had been amputated, even before I had begun the use of electrolysis, and when I was in the habit of amputating the cervix to dimish the size of the uterus, by setting up a process of retro-grade metamorphosis, and afterwards

of applying faradism to strengthen the supports of the organ, in order to keep it in position, instead of narrowing the vagina by surgical methods.

You have observed that in treating displacements by electricity that I have recommended supports to hold uterus in position, which is not in accord with the practice of Dr. Smith and others. I generally use the dry tampons of cotton and wool, but do not object to any form of support, properly used, which will hold the organ in place. These supports can not cure the condition, it is true, but by restoring the circulation and preventing hyperæmia, aid the stimulatingand tonic effects of electricity, and these combined afford the ideal treatment. Hewitt says:

"A flexion of the uterus to a certain extent ligates the vessels and interferes with the circulation directly and indirectly. The incompressible arteries still carry blood to the body, but the compressed veins fail to return it to the general circulation, and the consequences are congestions, œdema, and, in time, hypergenesis of tissue."

Dr. Emmett, in a paper read before the American Gynecological Society, says, "the degree of prolapse below or elevation of the uterus above a certain plane, causes the symptoms usually attributed to version alone." In other words, it is the effect that the displacement has on the circulation and the pessary by restoring the circulation, by relieving the pressure which straightens out the tortuous veins of the pelvic tissue and restoring them, thus relieves symptoms, and prevents hyperæmia." The pessary does not cause atrophy of the muscles, as claimed by some, but strengthens them by sustaining the circulation. I do not say that electricity can do away with such surgical procedures as shortening the round ligaments—Alexander's operation—or attaching the corneu of the organ to the abdominal wall, or the narrowing of the vagina by the many methods at present in vogue, but I do know that many cases can be relieved by this method of treatment which would otherwise be condemned to the knife. Circumstances, of course, will frequently modify our course in treating a case,

and a surgical method has to be accepted for the want of time to use other treatment—and so, for many other reasons which might be mentioned. However, when electricity is tried, if it should fail, nothing would be lost, as surgical procedures could then be resorted to.

Chronic inflammatory exudations, which so often follow parturition, have in negative galvano-puncture, according to Apostoli, Engelmann and others, a very reliable remedy. The deposits should be punctured from once to twice a week and from one hundred to one hundred and fifty milliampères administered. My experience with these cases does not warrant me in giving an opinion, but judging from my results with the mild currents and strong intra-uterine applications, I can not question their statements.

The faradic current has given good results in the so-called chronic pelvic inflammations, where there is a thickening of one or both broad ligaments, which results from the collection of blood in the distended veins, where the organ is displaced. (*Hardon, Trans. S. S. & G. Asso.*) Of course the lacerated cervix which usually causes this condition should be repaired without waiting for the disappearance of the swellings, and then faradism and dry tampons used to support the uterus and to strengthen its supports.

Electricity benefits so many of the pathological processes, which give rise to disorders of menstruation, that it is but natural to expect it to afford relief in many cases of amenorrhoea, menorrhagia and dysmenorrhoea.

Amenorrhoea and menorrhagia, due to a chlorotic condition have, for a long time, been treated with success by the general application of faradism. Amenorrhoea due to atrophy of the uterus, and menorrhagia from relaxtion or from engorgement of the organ, are both capable of relief by the proper local application of the current. The bi-polar intra-uterine exciter should be used every second or third day, for about ten minutes at a time, as has been described.

I could report cases of both classes, but time will not permit. I have seen patients who menstruated eight or nine days at each

period before treatment, after a few applications of the faradic current, whose menses would continue, at the next period, for only four or five days. Of course, when the hemorrhage is due to disease of the mucous membrane, this treatment would be powerless, but instead should be administered the positive, galvanic current, which has advantages over the curette, liquid injections, etc., as there is no pain or danger.

In neuralgic dysmenorrhoea I have been very successful with the faradic current of tension, and can speak positively of its efficacy. In women of a hysterical temperament, in whom the slightest excitement or worry will cause to suffer greatly—in those cases where there is no apparent pathological lesion—I have succeeded with this remedy as with no other. The current is administered about three times weekly, with the bi-polar vaginal, or uterine exciter. The positive, continuous current has also produced similar results in my hands. For apparent reasons the negative, galvanic current has been recommended when the dysmenorrhoea is due to mechanical causes, that is, "when the nerve filaments are pressed upon by inflammatory exudations, or the canal occluded by chronic inflammatory swellings."—*Engelmann, Trans. Amer. G. Soc'y, 1888.* I agree with Franklin Martin, that by no means should we recommend the removal of an organ for pain until galvanism has been thoroughly tried, when the pain is due to "chronic ovaritis, either with or without hypertrophy, or when inflammatory deposits, either with or without adhesions, surround both organs. Galvanism can never take the place of the removal of the ovaries and tubes; for each has its place, but many patients can be cured or permanently relieved by electricity as quickly, "and sometimes more surely," than by the removal of these organs.

I have a case, now under observation, upon whom I operated about eight months ago, removing the ovaries and tubes, for the relief of the very grave symptoms caused by inflammatory deposits and adhesions around both ovaries, one of which was atrophied, the other hypertrophied. I insisted on using electricity in this case, but my patient had suffered so long, and

been treated so much, that she was unwilling to submit to anything short of an operation for the removal of the ovaries. I consented to the operation because I thought it possible that she had a pus-tube, having had two pelvic abscesses, which opened into the vagina. There was no pus, however, at the operation. It has failed to affect her menstrual periods, and there is no relief so far from her former condition.

I now propose to use both galvanism and the current of tension, and believe the treatment will be rewarded with success; and promise, whatever the result, it shall be reported.

While I have had no experience with electricity in extra-uterine pregnancy, yet from a study of the actions of the agent and its results in the hands of others, there can be no doubt but that it should be used in the early stages of this condition, and should there be a mistake in diagnosis, there could be no harm done, as this is the remedy (galvanism) for the pathological processes which are liable to be mistaken for extra-uterine gestation. But when the pregnancy has lasted for more than three months, and when it can be positively diagnosed, it is a question in my mind whether laparotomy should not be resorted to at once.

The subject which has concerned the profession most, by far, in connection with the use of electricity in the diseases of women, is, *the treatment of fibroid tumors*, and since the experiences of Apostoli, the Keiths, Engelmann, Lapthorn Smith, and others, have demonstrated most conclusively the value of this remedy in the symptomatic cure of these growths, "such as offer probabilities of healthy retrograde metamorphosis," I shall not offer my own experience, which has been limited, to prove what should not be questioned. If a tumor is undergoing cystic, suppurative or malignant degeneration, this can not be revolutionized and the tumor reduced in size, but on the contrary, the process will be hastened.—*Engelmann, Trans. Amer. Gynl. Soc., '88;* also *Apostoli, Appendix of Chronic Metritis.* Much, then, depends on the selection of cases for the use of galvanism, in order to be successful. And since it can not be determined in all cases whether or not there is a

process of degeneration in existence, this will explain some cases of failure, as pointed out by Engelmann—*Trans. Amer. Gynl. Society, '88*—"in which it is not the fault of the operator or the remedy."

Martin, of Berlin, in a paper read before the Gynecological Society, in which he reported his observations on 205 cases of myomata of the corpus, said that *thirty-eight*—20.4-10 per cent.—"showed changes which certainly represented the opposite of that which is called benign."

From this report of Dr. Martin another lesson is taught, and that is, the importance of beginning the treatment early, before a malignant process has been established, thereby, not only preventing this process of degeneration, but at the same time, establishing a process of retrograde metamorphosis, which results in a cure. In no other section of country is there better opportunity afforded for the study of the effects of this treatment than in the south; for it is well known that the negro race is peculiarly susceptible to this class of *tumor*.

Apostoli claims for this treatment:

"First—An anatomical diminution which does not advance so far as to complete dispersal.

"Second—The quick and lasting cessation of hemorrhage.

"Third—The disappearance of all the symptoms of compression.

"Fourth—The symptomatic restoration of the patient."

As stated, while speaking of the treatment of chronic inflamation of the uterus, he uses the poles of the battery according to the result desired. If hemorrhage is to be controlled, the positive intra-uterine applications, otherwise, the negative current, which can be introduced by needles into the substances of the tumor, or by a sound into the uterine cavity. The inter-polar action of the current, which is the most important effect, is thus explained by Apostoli:

"In the organic substance intermediate between the two poles, the *inter-polar region*, as it is called, through which the current spreads in rendering itself from the point of entrance to that where it is discharged, there is a twofold action. The one is *contemporaneous* with the current itself, the other is *posthumous*.

The contemporary action consists in an exaggerated vital and circulatory activity favorable to the rapidity of nutritive changes. This will explain the absorption of certain effusions, either interstitial or intra-articular, under the influence of a current directed through them.

The posthumous action, enduring after the cessation of the current, occasions that condition known as the *polarization* of the organic tissues. This is an accepted fact. The organic region, thus occupied by the circuit of the current, is, in effect, charged as a second battery. It is consequently endowed with a supplementary electro-motive force or tension, which in its discharge prolongs the topical and trophic effects that the preliminary current had begun; and it still further advances the retrograde metamorphoses which we see in non-malignant neoplasms."

All who have had experience, agree with Apostoli, that the diminution in the size of a tumor will vary according to its structure, viz: that a soft one will undergo the process of retrograde much faster than the hard one; a sub-peritoneal can not be diminished as the intra-mural. Yet, that nearly all can be reduced sufficiently to relieve symptoms of pressure. The hemorrhage will be more difficult to control in the sub-mucus and interstitial forms, and less difficult according to the length and size of the uterine canal. That is, the smaller the surface of the uterine canal the less difficulty in stopping the hemorrhage. It must not be inferred from this, however, that the current has all of its hæmostatic power in its application to the mucous membrane of the uterine canal; for the same result can be had, in a longer time, as shown by Apostoli, by puncturing the tumor with positive needles. In severe hemorrhages, when it is desired to administer higher intensities without pain, Martin and Apostoli have devised intra-uterine electrodes, "reduced to a very trifling length," to be passed from one extremity to the other of the uterine canal, so as to attack the entire surface—different portions separately. "To properly appreciate the value of this treatment," says Apostoli, "the powerlessness of purely medical therapeutics must be borne in mind, and too, the mortality of hysterectomy."

In the removal of the ovaries to produce an artificial menopause, as has been pointed out by others, we submit the woman to a dangerous operation without sufficient hope for improve-

ment, as tumors have been known to take on new activity, and give rise to most alarming symptoms after the menopause; and too, the operation does not always stop menstruation. On the other hand, electricity, properly used, is devoid of danger, gives satisfactory results, and requires only from three to twelve months for a *symptomatic* cure. I emphasize *symptomatic;* for all who have used the agent agree that pain, hemorrhage, and more or less reduction in the size of the tumor can be expected—sufficient reduction for the patient not to suffer from its size.

With these facts, there can be no question as to the proper course to pursue in the treatment. Certainly, hysterectomy should never be resorted to before electrolysis has been used.

ECLAMPSIA GRAVIDARUM.

BY RICHARD MATHEW FLETCHER, M. D., OF MADISON.

Ex-Vice-President and Senior Counsellor of the Medical Association of the State of Alabama.

DISCUSSED BY

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In the study of spasmology, we find that eclampsia is characterized by irregular convulsive motions with alternate relaxations in contradistinction to tonic spasm, which signifies a constant rigidity or contraction. In the puerperal state and its management, convulsions stand first in importance to the practitioner of midwifery.

It is a trouble that we do not meet with very often in obstetrical practice. To show the relative frequency of the attacks in a given number of labors, Collins says that in 16,414 labors there were only 30 cases of puerperal convulsions, showing that one woman out of every 547 was attacked with the disease. The celebrated Madam Boivin, in her practice at the Maternite Hospital, Paris, says that out of 20,357 labors, that 19 women were attacked with eclampsia, making the number attacked about one in 1,000. Dr. Churchill, in his tables, of 96,903 labors, only 159 occurred, giving one in 609. I give these statistical results simply to show how extraordinary is the fact that, in a limited private practice, that within the last twelve months that I should have been confronted with four cases of this disease. Primiparous women are most liable to be

attacked, but all parturient women are subject to invasion. Women advanced in pregnancy, or a woman in the first of her lying in, as a rule, are mostly affected with the malady. Three of the above mentioned cases were primiparæ, and came under my care after labor had commenced and convulsions had ensued. The fourth case was a multiparous woman in labor with her fourth child. I attended this woman in her first confinement; she then suffered greatly with convulsions, but gave birth to a living child and made a good recovery. I was called, as stated above, to see her in her fourth labor, and found her in convulsions. She again passed through a terrible ordeal the second time and gave birth to a living child. After the child was born the convulsions ceased and she recovered without further trouble. This woman was a stout, healthy negress, always apparently in good health before and after her labors. Two of my other cases were also negresses, aged 14 and 15 respectively; both had short necks, were fat, and possessed considerable muscular strength. The fourteen year old girl had been in labor twenty-four hours when I first saw her, had had numerous convulsions beginning with her labor; she soon gave birth to a dead child, the convulsions, however, continued and in about twelve hours after delivery she died in profound coma. The fifteen year old woman had been in labor also some hours before I saw her; she died undelivered in the third spasm after my arrival. My fourth case was a white woman eighteen years old, in labor with her first child; she was short, with tissues firm and solid, hard and unyielding; had been in labor some time, and had convulsions from the beginning. I soon delivered her of a large male child; the child was uninjured and did well; the mother continued to have spasms after parturition all night; the intervals grew longer and the fits lighter, and stopped finally early the next morning. She made a good and rapid recovery. The treatment used in these cases was veratrum in decided doses, both by the mouth and per rectum, also bromide potassium and chloral. I gave to each case cathartics. The cases all occurred in the country, and I used such remedies as I had at my command. I know of no

source of anxiety to which the practitioner of midwifery is exposed greater than the fear that his parturient patient may be attacked with convulsions. When in our power to do so, we should closely observe and protect our patients against an attack of eclampsia, for it is much easier to avert it than to control and cure it when once established, no matter how wise, sagacious and prudent we may be in the use of the means employed to give relief. We may even be masters in the guiding principles that should control our actions, and bring all our resources to our aid, yet the knowledge of the fact confronts us that we may, in any paroxysm, see our patient die writhing in convulsions. There is nothing so horrible in appearance, so deadly in tendency, and so embarrassing in treatment, as puerperal eclampsia. There is something so touching to see a woman in child birth die from any cause, particularly a young woman, with all of her cherished hopes of maternity blasted. Doctor Meigs said it was a sort of desecration for an acouchē to die. I would be glad to know that I would be spared in the future from witnessing some of the scenes through which I have passed; they go to the heart of both friends and physician, and leave the doctor reminiscences that he would be willing never to recall.

Dr. Meigs very beautifully and graphically describes this disorder. He says the organs of the woman that are innervated principally by the pneumogastric nerves suffer most. The powers of the hemisphere of the brain and tubercula quadrigemina experience a temporary oblivion, or rather suspension of power, quelling into a sort of temporary death or oblivion these important parts of the brain, while the spinal cord and the cerebellum, which are the sources and directors of the motions, and also the medulla oblongata, which gives origin to the respiratory nerves, should be the seats of that intense, though irregular evolution of power, whose effects we witness in the writhings, contortions and agonies of the eclampsic fit. There are other facts and circumstances worthy of our observation and attention, the most prominent of which is the carbonizing of the blood, or its conversion into venus blood by the interruption of the respiratory or oxygenating function.

Dr. Meigs says it is a curious circumstance that the above means should have been designed and provided by Providence for the cure of the paroxysm. He explains in this way: He says, when the whole sanguine mass has become carbonated the brain and spinal cord must cease to innervate the muscles convulsively, and that the speedy relaxation of every rigid muscle permits the restoration to the lungs of their oxygenating power. He further says, that while the system is convulsed in the spasm the movements of the mass of the blood is greatly modified by the alternate violent contraction and relaxation of the muscles, a modification that ceases as soon as the muscles come to a state of rest, so that in a few moments after the countenance has been black and deformed in every feature, you have the pleasure to see it recover its whiteness, though ghastly pale, while the whole brain wakes up to the renewed performance of its organic, as well as its intellectual offices. If this exposition of the phenomena be correct, it is of good omen, says this original thinker and remarkable man, to see the face of our patient growing darker and darker, as it is a hopeful announcement of a speedy close of the distressing exhibition. Along this line of thought much more could be said, but I cannot, in a paper like this, be more elaborate, without consuming too much of your time. I will state, however, that I am chiefly indebted to Dr. Meigs' book for the foregoing thoughts and conclusions, a book full of information on this important subject.

With the light that more recent investigation has afforded us, I wish now, particularly, to call your attention to the etiology, pathology, and treatment of this disorder.

There is no better established principle in the domain of medicine, than that which lays down the imperative necessity of initiating all curative procedures with the view of the removal of the cause. All experience and observation prove that there are numerous factors in the production of eclampsia gravidarum. We have causes predisposing and exciting too numerous to mention here. The fœtus in utero is an etiological cause which stands alone and distinct from all other removable causes.

A grave and important question for our consideration is, whether or not the induction of premature labor is ever justifiable, with the view of preventing eclampsia. The authorities are not agreed on this point, and the rules of practice are therefore conflicting. I would be slow to induce abortion with the view of avoiding puerperal convulsion, even in albuminuric women. In reviewing the history of all the cases that have fallen under my care, and from the clinical facts presented by others who have given the benefit of their experience, I find that a minority of pregnant albuminuric women have eclampsia. It is only within a comparatively recent date, that the complication of pregnancy with nephritis and albuminuria was brought to light. Rayer was the first to announce the fact, and Lever, in Grey's hospital reports, was the first to trace the causal relation between the epileptiform attacks, long known to accoucheurs, and the morbid condition occuring in the kidneys during pregnancy, supposed to be an acute parenchymatous inflammation of those organs. Lever gives the opinion that the pressure of the pregnant uterus upon the renal vessels, is the cause of the affection of the kidneys. Rosenstein and others hold the same opinion.

This theory is not sustained by more enlightened views, as to the true nature of the morbid condition of the kidneys. It is claimed that mechanical pressure upon the renal vessels is a mere assumption, as neither the anatomical facts, nor the clinical symptoms uphold the theory. It is an admitted fact that parenchymatous inflammation of the kidneys is developed during pregnancy, but the real cause of the nephritis is not well settled.

I will now give the views of different writers bearing on this subject: The London Lancet thus refers to Dr. King's explanation of this cause of puerperal eclampsia. King enunciates the theory, that pressure on the aorta and vena-cava inferior is the cause of the renal trouble in pregnancy and labor, and is due to the abnormal position of the fœtus in the latter part of pregnancy. The normal position, he says, is the dorso-anterior of an oblique presentation. He says the head,

normally, does not lie in the brim of the pelvis, but in the iliac fossa. He claims that the shape of the fœtus, in this position, is such as to avoid pressure on the great vessels. He denies that, in primiparæ, that the head of the child is normally lower at the end of pregnancy than in multiparæ, and he attributes its frequent low position to vanity, leading to tight lacing. This pressure on the great vessels, he claims, leads to pressure in the renal and cerebral arteries, thus accounting for the renal trouble, as well as the nervous condition. The Lancet comments on this paper, and says, though it is the result of much thought, it fails to convince us, and will probably fail to convince others. Dr. Parvin concludes that the judgment of the Lancet will meet with very general acceptance.

Dr. A. A. Browne, of Montreal, reports a very thoughtful paper upon this subject, presented to the Medico-Chirurgical Society of that city, by Dr. Lapthorn Smith In this paper, Dr. Smith makes the following statements as to the relation of albuminuria, uræmia, puerperal convulsions and puerperal mania. According to Smith, a moderate amount of renal congestion causes albumen to appear in the urine, a greater amount causes increase of albumen, diminution of urea, and the urea retained in the blood affects nerve centers, causes headache, disordered vision, &c. A still greater amount of albumen in the urine, and of urea in the blood, poisons, and at the same time starves nerve centers, and causes dropsy of the brain to such an extent that irritation is set up, and convulsions ensue. The guiding principle in treatment, according to Dr. Smith, is that, without grave reasons for the contrary, we should induce premature labor at any time after the seventh month, at which time we find the urine of the pregnant woman loaded with albumen, or considerably deficient in urea. Dr. Parvin takes issue with Dr. Smith, and says that it has not yet been demonstrated that urea in the blood causes eclampsia. He further makes the important statement that usually there is a remarkable difference between the effects of retention of urea in certain other diseases, and the latter, in that the temperature

rises in eclampsia and falls in uræmic poisoning. He further states that only a minority of pregnant albuminuric women have eclampsia. Finally, he says, an increasing number of cases of eclampsia is known, in which there was no proof of renal disease before the eclampsic seizures.

Dr. Malcolm Black, in a paper read before the Glasgow Obstetrical and Gynecological Society, attributed the disease to toxæmia, but thought nervous erethism, mental distress, and relaxed abdominal walls predisposed. He also thought the fœtus was an irritant and advocated speedy delivery in the treatment. Cameron, in the treatment of the convulsions, advised chloroform, but had little faith in venesection. Reid advocated speedy delivery, preferring manual dilatation of the os. In cases that had been in labor some time, he recommended amyl nitrate. Parvin says the trials made with this drug do not justify its use. It was first suggested by Dr. Weir Mitchell. Dr. Chambrelent reports a case of grave eclampsia at the eighth month of pregnancy; labor was induced, a dead child was born, the mother recovered. Leonard reports a case of eclampsia at the seventh month of pregnancy. The convulsions were controlled by chloroform and chloral, the patient was put on milk diet, and the pregnancy ended at term with the birth of a living child.

Dr. Pope narrates two cases of eclampsia occurring during labor which were successfully treated by chloral and potassium bromide. The women were delivered of living children, but one died in twenty-four hours after birth. He attributes the beneficial results of the medicines to diaphoresis—one patient had 480 grains of the bromide and 120 of chloral given in eight doses.

Bompiana reports two cases of eclampsia occurring in pregnant albuminuric women, treated by inhalation of oxygen. In one, before the oxygen was given, the patient had been unsuccessfully treated with bromide of potassium, chloral, bleeding and subcutaneously injected morphia. When the oxygen was used there was slight improvement, but she soon died. The other woman, he says, was cured.

It occurs to me that in the use of oxygen it would be preferable to give it by the rectum. Inhalation is difficult and sometimes impracticable. Dr. McCord reports a patient seven months pregnant when seized with eclampsia, to whom he gave bromide of potassium, chloral, morphia and chloroform. He also bled. He then used, hypodermically, 12 drops of Norwood's tincture of veratrum, and 10 grains of chloral, repeating the dose in forty minutes—patient had no more fits and was delivered of a dead child. Dr. Oatman, in a paper read before the section on obstetrics—Ninth International Congress—advocates veratrum viride. After controlling the convulsions by chloroform, morphia, chloral and the bromides, he exhibits eight drops of the saturated tincture by the mouth, or 15 drops by the rectum, the dose to be repeated every fifteen or twenty minutes, until the frequency of the pulse is reduced to forty beats per minute. Rushmore, in a paper read before the King's county New York medical society, advocates this remedy, and in his paper gives the statistics of 76 cases, both *ante* and *post-partum*, with a mortality of about 30 per cent. under the veratrum treatment. He further makes this remarkable statement, that in every case in which he used the veratrum before the eighth or tenth convulsion the patient recovered. Osborne reports a *post-partum* case of eclampsia successfully treated with hypodermic injections of veratrum. On the other hand, Dr. W. Ellison reports a case occurring after delivery, which was first treated unsuccessfully by heroic doses of veratrum, and then by chloral. The chloral was given by himself, the veratrum by a physician who saw the case before him. He states also that he found the bladder greatly distended, introduced a catheter and drew off more than a gallon of urine—the patient recovered. Dr. Parvin says that such abundant secretion of urine is not the rule in eclampsia, and that this symptom indicated decidedly a hysterical element in the disease. LaMotte records a case in which he attributed the convulsions solely to retention of urine—artificial evacuation of the bladder cured the patient. Lovejoy and Allen strongly advocate venesection. In fifteen cases thus treated all recov-

ered. In albuminuric women threatened with convulsions Ritter gives three to five grains of benzo salicylate of lithia, in conjunction with fresh hydrangia, thirty grains every four hours. He has the bowels moved two or three times a day with confection of senna. Dujardin Beaumetz relies upon chloral in eclampsia, and regards it as the most valuable of all remedies in this disease. Eggleson speaks well of the morphia and chloral treatment. He says he has not had a case of eclampsia in his own practice for five years. He attributes the fact to his directing his patients to use bitartrate of potassium as soon as there is the slightest swelling of the feet or legs. He gives two teaspoonfuls in water every morning. He also makes a most remarkable statement when he says that in an experience of thirty-six years that he treated thirty cases with thirty recoveries. He winds up by saying, I have found nothing equal to morphia and chloral. Shizover, Squance, Evoff, and Bertrand are all advocates of pilocarpine hypodermically employed. Dr. J. W. McLane cautions against the use of jaborandi or pilocarpine; says they frequently cause intense salivation and bronchorrhœa, sometimes ending in death. He is a strong advocate of preventive treatment. When albumen is found in the urine he gives saline cathartics, such as citrate of magnesia. When the face is turgid, the pulse bounding and full, the urine smoky and scanty, with dizziness and rush of blood to the head, he bleeds to the amount of fifteen or sixteen ounces before giving the cathartic. He then directs the patient to drink plenty of water and to take mild diuretics. If the kidneys remain inactive he applies dry cups and gives diaphoretics. Dr. McLane considers albuminuria as properly a symptom, a condition, not a disease, although he treats it as such. His object is to relieve the congested condition of the kidneys. He puts the patient on milk diet, small quantities frequently repeated, amounting to three or four quarts daily. If convulsions are imminent he advises speedy delivery.

Dr. Wm. T. Lusk believes that the shortest way to manage these cases is to administer anæsthetics, and empty the uterus as speedily as possible. Dr. H. J. Garrigues claims that

during pregnancy we find tetanoid contractions or convulsions. He also says that we find convulsions simulating hysteria. In the treatment of such cases he believes strongly in the therapeutic value of chloral hydrate. The late Dr. B. H. Riggs thought the necessity of inducing abortion to relieve puerperal convulsions was a very rare occurrence. He held that all puerperal convulsions were, in character, epileptiform. He differed from those who attributed them to uræmia, cerebral anæmia, hyperæmia, or damed up effete matter in the blood. He claimed that the condition which results in eclampsia is essentially a neurosis; that the disease was neurotic in character, and not due to pressure of the gravid uterus, or acute nephritis. He held that the pathological state was due to peripheral irritation acting on the excito-motor centres, and that the admonitions of the eclampsic outbreak, such as double vision, &c., were but the result of this central nervous derangement. He employed the usual remedies, but claimed that they did good by calming the excito-motor centres, acting directly on them.

Dr. Ketchum holds that parenchymatous nephritis is the pathological condition of the kidneys, and a potent factor in the production of eclampsia. Dr. Peterson says that pressure produces congestion, or in some way interferes with the functions of the kidneys, frequently causing the trouble. Dr. Fournier said, why the pregnant female should be liable to parenchymatous nephritis, has not yet been determined, and no theory has yet explained the *modus operandi*, but the fact must be accepted that it is incident to the pregnant state.

My aim, in the preparation of this paper, was to present to the profession the practical experiences and investigations of the eminent gynæcologists and specialists of the present day upon this important subject. The many recent advances which have been made in the pathology of this, as well as most of the diseases peculiar to women, have led to numerous important changes, and to the expression of new views and new methods, as well as new remedies in the manner of treatment. I will offer a few remarks on the claims which chloral

has for its advantages over other remedies in the treatment of the disease under consideration. According to Liebreich it is a quick anæsthetic, non-excitant, leaves no bad after-effects and interferes but slightly with the cardiac nervous power. He claims that its advantages over chloroform must therefore be at once apparent, for not only is it a quick anæsthetic, and is followed by no bad effects, but is easily administered. By repeated doses at regular intervals, patients are kept perfectly under control. Again, its superiority over chloroform is evident, when the practitioner happens to be single-handed, instances of which are of every-day occurrence in country practice, where doctors are few and far between. The medical attendant would find it no easy task, both to give chloroform and deliver his patient under such circumstances. Chloroform is also often followed by sickness, and, with the tongue in the condition which it usually is in eclampsia, would prevent anything that might come up into the throat from being got rid of, thereby favoring asphyxia. Not only can chloral be administered simply per rectum, but also in combination with nourishment—such as milk, eggs, &c., thus saving the disturbance of the patient as well as keeping up her vitality.

Much is known, and there is yet a great deal to be learned about eclampsia. In the puerperal woman we see physiological processes and pathological conditions that we do not find in the more gravid female. We have morbid manifestations of both the arterial and nervous systems. I have quoted many authorities, noted for their high standing as writers and teachers, men of acknowledged ability and great repute, yet they differ, both as to the pathology and treatment of eclampsia.

The conclusion of the whole matter, reasoning from my stand-point, is this: The fœtus in utero is the prime cause in all cases of spasm; the peculiar constitution of the woman gives the form or type to the spasm; a predisposing or apoplectic habit of body in a woman will result in the apoplectic fit; the habit or predisposition of the woman will determine the nature of the convulsions. They may be apoplectic, epileptiform, tetanoid, hysterical, nephritic or reflex in character. Taking

this view of the subject, we can readily see why it is there should be such variety in the selection of remedial measures in the management of this disease. In treating the apoplectic and nephritic forms, arterial sedatives, such as venesection, veratrum, and kindred remedies, would best fulfil the indications in such cases, particularly in robust and plethoric women. In the highly organized, nervous cases, the nervous sedatives should be preferred. In the anæmic, tonics and restoratives would be indicated. It is our privilege as well as our duty, in all cases of disease committed to our care, to investigate patiently, observe closely, and think profoundly, in order that we may be able to draw sensible deductions and prescribe with prudence and wisdom.

Our profession is one of great responsibility, and we have grave and important duties to perform. We should strive to be men of independent thought, individuality of character, of sound and discriminating judgment. Our highest ambition should be to merit and deserve the confidence and respect of those who employ us as medical advisers and counsellors. There is no royal road to success in the medical profession; eminence and distinction can only be achieved by patient toil and persistent effort. The Medical Association of Alabama has done much to elevate the profession in the State. Let us carry on the good work, and speed the day when there will be few incompetent and disqualified men in Alabama.

DR. JAMES M. GODFREY.

Whilst approving, in the main, the paper just read, I do not think sufficient stress was laid on the efficacy of venesection in the treatment of eclampsia gravidarum. It is true that the remedy is an old fashioned one, but having had considerable experience in the management of the affection, I do not hesitate to say that, in my opinion, a decided bleeding, in time, will do more for its relief than anything else. The use of venesection does not preclude the use of other remedies commonly advised and used in such cases, but render them more efficacious. Its

use, too, is of decided benefit in getting rid of the dropsy, which is generally albuminuric. We may not be able to bleed women in an asthenic condition, but I am satisfied that the vast majority of cases are amenable to this treatment.

Dr. Edwin Lesley Marechal.

The treatment of any disease without reference to its causation is at once unsatisfactory and unscientific. "A knowledge of the specific element in disease" is the only basis upon which rational treatment can be founded, and it should be our earnest effort, in every case, to discover the nature of that specific element, in order that the treatment instituted should reflect creditably upon our intelligence, and inure to the benefit of our patients. In conformity with this principle, I hold that in puerperal eclampsia the first duty that devolves upon the physician is to ascertain the cause of the eclamptic seizure, and to adapt his remedies in accordance therewith; for all admit that these cases are due to a diversity of causes. In one class of cases we find, as the principal causative factor, irritation of the peripheries of the uterine nerves, indicating the necessity of agents that lessen nerve conductivity, or that obtused nerve sensibility; hence, the value of chloroform, chloral, &c.

But where, from either functional or organic trouble about the kidneys, there is retention of azatized matter exerting a toxic effect upon the nerve centres, and convulsions ensue, the necessity of speedy elimination is at once apparent. This can be secured either by the use of hydrogogue cathartics, diuretics, or of agents that promote cutaneous transpiration. Where elimination by the kidneys or bowels is impossible, I have derived benefit from the hypodermic use of pilocarpine. In cases where there is extensive œdema, and the urinary secretion small, and convulsions occur, no agent has given me such good results. It produces profuse sweating, and accomplishes that which is so desirable—vicarious elimination. Its depressant action upon the heart, so much dreaded by many, has, I think, been greatly magnified, since in a large experience with it I

have, as yet, seen no untoward effect. I would not, however, be understood as advocating its use except in those cases where elimination by the skin is desirable. My experience in puerperal eclampsia, while not large, has been sufficiently extensive to induce me to assert that the mortality, to both mother and child, is frightful.

Dr. Sholl.

Dr. Sholl, in commending Dr. Fletcher's carefully prepared and excellent paper on puerperal convulsions, made some few remarks on his experience for more than thirty years in the treatment of this alarming condition. He recalled two fatal cases; one in his early practice, when he depended upon anæsthetics and anodynes; another where the approved remedies of later days were used, and failing to give any relief, bleeding was resorted to late in the attack.

In all his cases save these he had bled, with one exception, as freely as the occasion seemed to require; in one furious case, five pints in forty-five minutes. Experience and observation had taught him that while the use of opium, veratrum, chloroform, chloral, might in many instances be adequate to the relief of the suffering woman, the practitioner who bled these cases gave them whatever else might be used secondarily, the greatest possible chance for recovery. To this the wisdom of past ages bears attest, and as yet he had never regretted bleeding. He had also found in the condition of the pregnant woman, precedent to full time, where all other means failed to relieve the threatening symptoms, prompt and happy and continuous relief from the timely use of the lancet, so clearly demonstrated that there could be no shadow of doubt as to what was the curative agent.

CURABILITY AND TREATMENT OF PULMONARY PHTHISIS.

BY VIVIAN PENDLETON GAINES, M.D., OF MOBILE.

Senior Counsellor Medical Association of the State of Alabama.

DISCUSSED BY

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Pulmonary consumption is the commonest and most fatal malady to which the human race is subject; occurring at every age and in every rank of life, it selects the most beautiful and most gifted as its victims, and entails months or years of weary suffering. What need, then, for further incentive to a careful and diligent inquiry as to whether something may not be done to prevent its occurrence, retard its development, or arrest its progress.

I have little that is absolutely new to bring forward—at least that is new to those who keep pace with the literature on the subject; but I believe that I have important testimony to give in favor of modern science, as my experience powerfully corroborates modern views with reference to the treatment of pulmonary consumption.

The great fact to which I have to testify is, that pulmonary consumption is a curable disease—indeed, in the early stages of a catarrhal consumption, it is often a very curable disease.

There is frequently found on *post-mortems*, in the lungs of many persons who had died in advanced life from other diseases, large cretaceous deposits and puckered cartilaginous cicatrices, which proved emphatically that they had consumption at some antecedent period of life, but had recovered, dying at last of other disease.

The same pathological evidences of the curability of pulmonary consumption have been found by all who have had special opportunity of making *post-mortem* observations in the aged. Many persons have argued against the absorption of tubercle, and have boldly asserted that its absorption is impossible. But there are no valid grounds for this statement. True it is that the general health and tone of the system rarely improve so far as to render absorption of tubercles probable, and it is equally true that, from its nature and position, tubercle does not easily admit of absorption; but experience at the bedside and observation in the dead-house leave little room for doubt that its absorption may take place under favorable circumstances.

While I consider phthisis a curable malady, I must admit that we can not count our complete recoveries by large numbers; and, if phthisis is to be cured, it must be taken at an early period of its existence, before the lungs are so disorganized as to be unable to discharge their physiological functions, and persistently treated.

Many a case has been benefitted for a time, the disease has been apparently subdued, when a return to old habits and exposure has lead to a reappearance of the affection in a severe form, and to a fatal issue; so we can not boast too soon of our cures, and insist on the importance not only of prolonged treatment in all cases of consumption, but of the patients leading such a life as will enable them, if possible, to avoid the causes which are likely to bring their latent disease into activity.

I shall not enter into any discussion as to what tubercle is, or whether the tubercle-bacilli is a cause or result of consumption; neither shall I describe the varieties of phthisis. Whilst, however, I abstain from the consideration of these subjects,

we must admit that recent experiments on the artificial inoculation of tubercle, has given a fresh aspect to the subject of the contagion of phthisis, and have rendered it possible that the inhalation of the tubercle-bacilli from the dried sputa of phthisical patients, is probably a fruitful source of propagation of the dread disease. We should therefore advise great cleanliness and antiseptic precautions, lest by any possibility some worthy person fall a victim in the zealous discharge of duty to the patient. To some extent disinfectants ought to be used in the vessel which receives the expectorations from such patients, and in the room occupied by them.

The well should not sleep in the same room with advanced cases of the disease.

TREATMENT.

As a general rule, I think that it is best to let the patient know enough of the disease to regard it as something not to be trifled with or neglected, and that every attention and every sacrifice that can be to health should be perseveringly made. Patients should wear flannel next the body at all times, and enough clothing to keep them comfortable, but not enough to be a burden to them and keep up an undue action of the skin as to paralyze the peripheral nerves and render the patient a more easy prey to sudden changes of temperature and slight draughts. When going out of doors in cold weather it is a very good plan to wear a protector over the chest, but this should be taken off on re-entering the house.

The neck and shoulders should be bathed every morning in moderately cold water, and well rubbed afterward; and when the disease is only moderately advanced, the patient should have a sponge bath at least once a day. This serves to keep the skin in good condition and it also has a general tonic effect. With regard to the temperature of the water, it should be governed largely by the sensations of the patient.

Let your patient adopt a mild but nutritious diet, and preserve carefully the tone and healthy condition of the digestive organs. Regarding climate—when the case is not too far ad-

vanced, other things being conducive, the removal of the patient to a suitable climate is a thing most desirable. For being in a warm climate in the winter, thorough ventilation can be kept up all the while if the patient be not able to get about. A certain amount of out door exercise can be taken daily generally.

The climate of Mobile and vicinity, is highly beneficial in cases in the early stages (especially the catarrhal form) before breaking down of pulmonary structures has taken place, and when catarrhal inflammation of the mucous membrane is chronic or intense, the cough not accompanied by much expectoration, and the general condition of the patient tolerably good.

There are two very healthy winter resorts near Mobile, if a person prefers the country—Citronelle, 30 miles north of Mobile, on the M. & O. R. R., and Spring Hill, six miles west of Mobile. Both points are very accessible, high and dry, and noted for their healthfulness. Many remain in the city and do well.

If the disease is in its early stage; if it is limited to one lung, and to a small portion of that lung; if the disease is not hereditary; if no local complications exist, and if the progress of the case has been slow and with occasional interruptions; if the patient has still considerable vigor of constitution, the case may be looked upon as a favorable one.

If, on the other hand, the disease has advanced steadily and rapidly, both lungs are affected, or if the tuberculous deposit is very extensive in one lung, if cavities exist, and the usual train of secondary complications have ensued, then the case is unfavorable. The earlier, then, the period of the disease, the slower its progress; and the more simple and limited it is, the better are the chances of improvement from a change of climate. Parties from colder climates, who come here to spend the winter, by avoiding the damp and chilling influence of their winter and spring months, often find that a residence in our southern climate at a season when malarial disease is not prevalent, and when the heat is not oppressive, escape in a de-

gree both dangers, and thus materially improve the chances of life. There is no doubt of this. If proper cases are selected, and proper management is adopted, great good will be experienced—life will be prolonged, and cases, I believe, permanently cured.

But the good effects of a whole winter's residence is sometimes lost by a too early return to the chilly and variable weather of the north.

Of the many cases that are decidedly benefitted by a change of climate, but few, comparatively, are so far restored to health by remaining here a single winter, that they can safely remain at home the next winter. Many are obliged to return winter after winter, and finally get rid of the disease, or keep it so much in check that it makes but little progress; at any rate, it gives the patient the best chance of ultimate recovery, or it prolongs life even when it does not effect a perfect cure.

Patients in returning to their northern homes in the spring, should make a stop for several days every few hundred miles, so as to prevent a too sudden transition from a warm to a cold climate, and thus avoid setting up a bronchial inflammation.

The climate of Colorado is desirable for those in the early stage of the disease, frequently effecting a permanent cure, provided they remain in that climate; but to leave that rarified air is apt to cause a return of the disease, so that a patient should go there with the view of remaining permanently.

When the digestive organs are in a healthy condition, and a mildness of the constitutional symptoms, and an absence of complications in other organs, adds very much to the prospective advantages of a change of climate, especially a sea voyage.

Let your patient adopt a mild but nutritious diet, and preserve carefully the tone and healthy condition of the digestive organs.

Use as little medicine as possible, so as not to disorder the stomach. If the powers of digestion fail, they may require the support of tonics and stimulants, but stimulants should not be taken only with food, and not alone at odd times between meals, as is done by many persons—a custom more sociable than

wholesome, and especially injurious to the stomach; for the gastric juice is thus stimulated to secretion, and having no food to digest, acts on the walls of the viscus, giving rise to flatulence and loss of appetite; when the meal time comes the food is not thoroughly relished, and, on account of the waste of the gastric juice, imperfectly digested. Ext. malt taken during meals will frequently aid digestion, and give tone to the stomach.

Dr. Loomis thus formulates the dietetic of phthisis: "Take food not less than six times in twenty-four hours. Three full meals at intervals of six hours, with light lunches between. No more food at one time than can be easily digested. Take no food when suffering from fatigue, worry or excitement. The articles of any one meal should be such as are digested in either the stomach or intestines alone; *i. e.*, the fats, starches and sugars should not be mixed with the albuminoids, and the meals should alternate in this respect."

Food should be to a certain extent oily, consisting of meat, milk, cream, or cod-liver oil; and when cod-liver oil is digested, it should be pushed almost to the full extent of digestion.

When there is vomiting, Dr. Loomis recommends, "from a half to a teaspoonful of raw scraped beef, made into a sandwich, and given every half hour; this to be continued for forty-eight hours, during which the patient must be kept quiet and in the recumbent position."

When the nausea is intense and protracted, the stomach may be washed out by the flexible stomach syphon.

You can by this method feed the patient, and practice what Debove calls super-alimentation. The various meat powders may be used with good results in this forced alimentation.

Under the influence of these powders of meat, you will see stomachs the most inactive and feeble recover their functions, the appetite return, the bodily weight increase, and the strength come back. This treatment is applicable in all cases where nutrition is at fault, and especially to tuberculosis. The operation is very simple, and the patients soon become so accustomed to the introduction of the tube that they can use it themselves.

In regard to cod-liver oil, Dr. Loomis advises that it be combined with an alkali, avoiding stimulants if possible. Cod-liver oil and the hypophosphites are to be looked to as the great anti-phthisical remedies, yet various tonic medicines are highly beneficial.

Strychnia is by far the best tonic for strengthening the stomach and preventing nausea from the oil. It is very important to persevere in giving cod-liver oil regularly, and for a sufficient length of time to obtain the greatest benefit from it. It should be given immediately after meals, as it becomes thoroughly mixed with the food and is less likely to rise by eructation than when taken into an empty stomach.

Friction over the chest with a crash towel night and morning is of benefit in relieving the neuralgic pains, which are frequently very annoying.

In young women of phthisical tendency, where there is a condition of anæmia and chlorosis, Dr. A. H. Smith prescribes the following tonic:

℞—Corrosive sublimate, one to two grains; solution of chloride of arsenic, one fluid drachm; tincture chloride of iron and dilute hydrochloric acid, each four fluid drachms; simple syrup, three fluid ounces; water sufficient to make six ounces--mix. Dose, dessert spoonful in a wine glass of water after each meal.

This often affords the greatest benefit, the general condition and body-weight of the patient improving in a remarkable manner.

It should not be given for a longer period than two weeks at a time.

In young women of phthisical developments, when there is a condition of marked emaciation, anæmia, chronic diarrhœa, and generally weakened constitutions, Drs. Alonzo Clark and Francis Delafield, considers the immediate indication is to build up the general system by the use of iron, combined with the inhalation of oxygen properly diluted.

Diarrhœa may be controlled by subnitrate of bismuth, mild astringents, aided by opium if necessary. Night sweats may be controlled by belladonna or atropia, the oxide or sulphate of

zinc, gallic acid, acetate of lead, and aromatic sulphuric acid, as internal remedies. Hot vinegar, with capsicum, is an efficient application.

I do not advise the application of liniments or plasters applied upon the chest of phthisical patients, as they have a tendency to interrupt the cutaneous exhalation.

Counter irritation, by means of the cup or tincture of iodine, is employed when local plurisies occur. As to expectorant remedies in phthisis, I think they should be banished almost altogether from the treatment of the disease. Cough mixtures, as a rule, contain opiates, which will quiet the cough for a time, and thus deceive a hopeful patient with the idea that his condition is really improving. But the long continued use of these remedies is sure to impair and disturb the digestive functions, without actually benefitting the lungs. I always try to defer the use of opiates as long as possible, and use it in the smallest possible doses, but most of the other sedatives should first be exhausted.

The following is recommended to relieve the cough where it is desirable to avoid the use of opium:

℞.—Spirits of chloroform and dilute hydrocyanic acid, of each one and a half fluid drachms; tincture hyoscyamus, half fluid ounce; camphor water sufficient to make four fluid ounces; mix—dose, a teaspoonful in water.

The inhalation of a few drops of chloroform often gives complete relief to the cough. When hæmoptysis is present, ergot or ergotine may be employed internally and subcutaneously with good effect; acetate lead, gallic acid, and the astringent preparations of iron, are sometimes of benefit.

Oil of origanum, in five drop doses, on sugar, every three or four hours, frequently gives good results in checking the hæmoptysis.

When fever proves very troublesome, antifebrine is prescribed, in many instances with the best effect—the temperature falls, the pulse becomes more natural, and the accompanying symptoms are temporarily alleviated.

The daily paroxysms of fever are frequently prevented or

much modified by giving antifebrine in advance of the paroxysm; and, given during the fever, its anti-pyretic power is marked.

I have used creosote for the past three years, both internally and by inhalation, and I consider it of great value, usually administering ~~a nervine~~ three times a day, after meals. The experience of Dr. Beverly Robinson with creosote in the treatment of phthisis is very encouraging. He gives it both internally and by inhalation, and says "the frequent or prolonged topical application of creosote vapors to the respiratory tract, in a considerable area, is of undoubted utility."

He recommends the following formula for internal administration:

℞.--Creosote (beechwood), six minims; glycerine, one ounce; whisky, two ounces. Mix, and use as directed.

The daily amount of creosote prescribed by him for adults has varied usually from three to six minims, and continued frequently many months without increase or interruption, or any evidence of intolerance.

The following inhalents he uses by means of the perforated zinc inhaler, to be worn during fifteen to twenty minutes every three hours, and from ten to twenty drops of the inhaling fluid, poured on the sponge of the inhaler three or four times during the day:

℞.—Iodoform, twenty-four grains; creosote, four minims; oil of eucalyptus, eight minims; chloroform, forty-eight minims; alcohol and ether, of each half ounce—mix.

℞.—Etherial tincture of iodine and carbolic acid, of each two drachms; creosote, one drachm; rectified spirits of wine, one ounce—mix.

℞.—Creosote, one drachm; alcohol, half ounce—mix.

He says that he is convinced, from his experience, that we have in beechwood creosote a remedy of great value in the treatment of pulmonary phthisis, particularly during the first stage. Not only does it lessen or cause the cough to diminish, favorably change, and occasionally stop sputa, relieve dyspnœa

in very many instances; it also often increases appetite, promotes nutrition, and arrests night sweats. It does not occasion hæmoptysis, and rarely causes disturbance of the stomach or bowels, except in cases in which it is given in too large doses. He says: "It is certainly an unobjectionable medicament from any point of view. It is easy of administration; it is adapted to the majority of sufferers from pulmonary phthisis everywhere; it may be used with some advantage at all stages of this disease, even the most advanced, and in *my experience* it has proven itself superior to any other medicinal treatment with which I am familiar."

Reuss does not hesitate to say that so high a percentage as nearly one-half of his cases, when taken in season—yet bearing the unequivocal symptoms of phthisis—are rendered cured, not relieved temporarily, but lapse of time, with disappearance of evidences, indicate a cure.

Under the system of treatment which is now being extensively used, the disease runs a less rapid course, and recovery from it is far more frequent than was formerly the case. I can bear strong testimony to the value of the mode of treatment, which has of late years gained favor with the profession, as a most valuable adjunct to the treatment of phthisis, namely, the pneumatic cabinet. Many lives have undoubtedly been saved, and, in a still greater number of persons, life has been prolonged by this measure. Much, however, remains to be done, for as yet we can only confess to a small measure of success—a measure which, nevertheless, holds out hopes of greater success in the future.

Direct medication in diseases of the air-passages is now attracting the attention of physicians, as a field to be worked with advantage. It is evident that much good might result from the judicious use of local applications to diseased surfaces, if these could be used with anything like the degree of definiteness that attends their employment elsewhere, and I believe this can be done with the pneumatic cabinet as now employed.

Antiseptic inhalations is a valuable adjunct in the treatment

of phthisis, which of course must be combined with a judicious general treatment. Such treatment will, many times, relieve certain symptoms and cure certain structural diseases that stand in the way of the patient's recovery.

Dr. Everett Smith, in his brochure on the pneumatic cabinet, says: "The peculiar value of this treatment lies in the combination of the medicated spray with the increased strength of the respiratory movements, a much fuller expansion of the chest is produced than is possible by an ordinary full inspiration; and at the same time the medicated spray being carried to the very deepest and most remote portions of the lungs with much greater force than by a natural inspiration, is deposited upon the bronchial tubes, even the smallest of them, as well as in cavities and inflamed portions of the lungs.

"The materials, moreover, which have been found most useful as antiseptic inhalations, are not mere gases which are mingled with the inspired air and then pass out with it, but they are vapors of solid bodies which are deposited upon lung tissue. Upon every moist bronchial tube, upon the walls of cavities and around, if not within, the areas of inflammation, the inhaled vapor is condensed to render the soil barren for germ growth, to impregnate lung cells and bronchial mucous membranes with antiseptic material, which we know renders them less fitted for the cultivation of germs, so that finally we may be able to supply the vital activity which is lacking in these parts, and prevent the progress of disease. This treatment is especially good in the early stage of the disease, on account of its benecial effects upon chest capacity. It expands and strengthens not only the diseased, but even the healthy, although undeveloped chest, and which is beneficial from a mere hygienic standpoint. Careful tests before and after a course of treatment, have demonstrated an increase in the capacity of the chest of from twenty-five to one hundred per cent, and a corresponding development both of chest measurement and chest expansion. This calisthenic exercise is not solely beneficial in developing the muscles of the chest walls; but it is the mucous membrane

of the bronchial tubes and of the lung-cells that is strengthened and invigorated, while the lung-cells themselves are expanded and stimulated into a more vigorous and healthful activity.

"The effect of the inhalations upon the cough and expectoration depends not only upon the progress that disease has made upon the lungs, but also upon the choice of remedies that are to be used. In nearly every case, however, there has been noticed a marked decrease of both of these symptoms, although at first the expectoration may be somewhat increased. This increase is due to the fact that the removal of the external pressure has caused such an expansion of air in the bronchial tubes as forcibly to expel secretions, which may have so accumulated as seriously to impede the proper expansion of the air cells."

These inhalations correct the viscidity and fetor of the expectoration, adding very much to the patient's comfort, and improves his constitutional state.

Good results are evidently obtained by the antiseptic action upon the diseased and suppurating surfaces; but while great results have been gained, there seems to be but slight diminution in the number of bacilli to be found in the sputa.

The treatment gives good results in controlling the suppurative processes and in healing the diseased surface, so it must prove of value in the treatment of phthisis; even if it does not destroy the bacilli, it adds greatly to the comfort of our patients and prolongs their lives, and is, therefore, a valuable acquisition in the treatment; for any means of treatment which promises relief for such a terrible disease as phthisis is certainly worthy of the fullest attention of the profession. It does not interfere with any of the medicinal and nutritive measures that have proved already to be of value, but may be used only in connection with, and as an adjunct to these other methods of treatment; as such, it has taken a legitimate place in therapeutics, and claims a careful and unprejudiced trial and investigation.

Dr. Holman S. Humphrey says: "In consumption there is

present, from the incipiency of the disease, a marked inability to receive a normal quantity of oxygen by respiration. This may be due to defective structure, nervous debility, confinement in ill-ventilated quarters, or to catarrhal disease of the mucous membrane of the air passages, in which the ciliated epithelium are impaired in activity and the bronchi loaded with mucous— thus preventing the normal quantity of oxygen from reaching the blood and tissues, the digestive and assimilative powers fail, followed by impaired circulation of the blood and mal-nutrition. The earliest defect in digestion is in the direction of fatty matters, for the reason that sufficient oxygen is not present to utilize them, as two hundred and ninety-five parts of oxygen are required for every one hundred parts of fat, and failure to get oxygen means want of power to digest fatty food, and a wasting of tissue must follow with all its attendant evils.

"This is not alone true of carbonaceous food, but of all foods, as the quantity of oxygen present determines the capacity to digest any and every kind of food known; and the 'stuffing plan' of feeding the sick beyond their capacity to oxidize is a slow but certain method of poisoning them. Alimentary substance is food when the forces stored therein are given to the body by oxidation, and not otherwise. This being true, it seems that the physician's first duty towards his patient suffering with that class of malady, rendering a sufficiency of these elements impossible to obtain without artificial assistance, is to see that such assistance is promptly rendered by supplying in some manner the necessary running power so essential to the well being of each and every function in life."

He supplies this deficiency by rectal injection of oxygen gas.

It has been my experience with the pneumatic cabinet treatment, that patients to whom cod-liver oil had been intolerable, have taken it without difficulty when exhibited in conjunction with this special method of local treatment, proving that the increased amount of atmospheric air with its quota of oxygen was received to digest the oil.

The Bergeon method of treatment, the rectal injection of

carbonic acid, impregnated with sulphurated hydrogen, seems to have had undue value attached to it, and it is seldom of real benefit, though it may prove serviceable in occasional cases.

Dr. Solis Cohen says "that he does not hesitate to express his opinion of its value as a therapeutic measure."

Dr. Bruen says "that he considers the treatment chiefly valuable in those cases of pulmonary diseases attended with bronchial catarrh."

So that while the method can not be expected to fulfil the hopes which it first aroused, it is not to be regarded as worthless. It seems to have some slight effect in checking the profuse catarrh of the bronchial tubes, and thereby relieving somewhat the patient's cough.

Surgical treatment of pulmonary cavities has lately received a good deal of attention. The intra-pulmonary injection of antiseptics into the cavity has been used to some extent with apparent success. In cases of phthisis, with localized cavities, direct opening into them has been practiced. With a bistoury an incision is made through the skin of half an inch or so in length at the most favorable point, and, with a galvano or thermo-cautery instrument, this opening is extended down to the pulmonary cavity beneath. The object of using the cautery is to seal the blood vessels along the opening to prevent hemorrhage. A drainage tube is then inserted, and the cavity carefully treated by syringing at first with a warm solution of carbolic acid, or small quantity of salt and water. Afterwards astringents or stimulating solutions may be introduced, beginning with the milder ones, watching the effects, finally using a solution of iodine or permanganate of potassium. This mode of treatment has been practiced and ably advocated by Drs. Pepper and Robinson, and their efforts have been attended with fair success in well selected cases, and seems promising enough to warrant further attempts, but it should be considered too dangerous an operation to warrant general adoption.

Dr. William Henry Abernethy.

I can not divest myself of the conviction that consumption is in some way contagious—that it may be, and is sometimes communicated to the healthy by the diseased. Whether this is so by tubercular bacilli entering the alimentary canal or the respiratory tract and thus infecting the body, I do not know, but my limited observation is in support of that theory, for I have witnessed a number of instances of the non-consumptive contracting the disease after living and sleeping in the same apartment with a consumptive wife or husband. If it is finally settled that phthisis is in any sense contagious, then may we hope that preventive medicine will do much to lower its present high mortuary record.

Another fact with regard to phthisis that deserves more than passing notice is its increased frequency among negroes. Forty years ago it was almost unknown with them, where, as now the percentage of cases is at least double that of the whites; especially is this so in the malarial borders of the Alabama river. It is also more rapid in its course than in the white race, terminating usually in three to six months. Why it is that the negro is more susceptible of consumption since than he was before his emancipation is a grave and curious question. Some of the causes, I think, are bad food badly cooked, irregular habits of eating and sleeping, and insufficient and filthy clothing. To all these I may add his stormy emotional religious exercises (for he is a very religious being), and his sexual indulgence, which are inseparable habits, and amount to little less than continued debauch. The depravity of constitution resulting from all this renders him an easy prey to phthisis in whatever manner it may enter his body.

Dr. Edward Henry Sholl.

In the discussion of the paper on consumption by Dr. Gaines, Dr. Sholl asked the members of the Association to offer suggestions for the relief of a patient of his. The gentleman

had tubercular laryngitis, and suffered intense pain in swallowing. So far all remedies had failed. Dr. Gaines then suggested the use of a cocaine spray. (This, since that time, has been faithfully tried without any permanent benefit, but followed by a solution of twenty grains to the ounce of nitrate of silver, directly applied every other day, has afforded great relief.)

A question had often risen in his mind of late years as to the cause of the greatly increased death rate among the strictly black population by consumption. His years of practice having bridged over from the time of the old regime, he was practically enabled to see the great difference in thirty years ago and now. Then, on the large plantations where he practiced, a death by consumption was very rare; of late years the tables of vital statistics tell of a different state of things. Pulmonary diseases find many more victims. In fact, during one year of the years he was acting as assistant health officer of Sumter county, for Dr. R. D. Webb, the percentage of deaths among the negroes of the entire number was nearly one-half; forty-three per cent. by pneumonia alone. Now, it is a well known fact that the lung of the negro is smaller and weighs less than that of the white man. This was largely demonstrated by Dr. A. W. McDowell, at Benton Barracks, during the war, where he had remarkable opportunities for post-mortem investigations, as he had ten thousand of them under his care. This will account for the possibility of greater fatality in pulmonary troubles, but not for the great discrepancy in the rate. Nor can you find in the external surroundings a plausible explanation. Where, then, gentlemen, will you find the solution of this problem, with its startling figures? It is worthy of our most attentive consideration and careful investigation.

Dr. Geo. W. McDade.

In 1882 I wrote Dr. J. Marion Sims the following letter:

"It is very remarkable how few cases of secondary syphilis, scrofula and consumption existed in those days among the

slaves, compared with what we now find. The two latter were then almost unknown among the negroes, but since emancipation they are very common.

"Is secondary syphilis the parent of scrofula and consumption? Certainly these were rarely seen among the negroes while in slavery, whereas they are now encountered every day. Secondary syphilis was then less frequent among them than now, because their masters took every precaution for their early treatment and cure. But now they are free to contract this loathsome disease and to spread it as they may."

Dr. Sims wrote: "Professor Samuel D. Gross read an exhaustive paper on the connection between syphilis, scrofula and consumption before the American Medical Association in 1875, advocating the view that the two latter were the offspring of syphilis. It would now appear from the history of these, in the negro, in slavery and in freedom, goes far to establish the correctness of the views so forcibly set forth by my distinguished countryman."

Dr. Gross was a firm believer in the doctrine that tubercular consumption is the offspring of syphilis. I am prepared to accept him as authority on this subject.

DR. JOHN POPE STEWART.

I am glad this subject has been brought up. I have noticed the great increase of this disease in the colored race, in both the young and old, as well as the middle aged; and, like the several gentlemen who have preceded me, I am at a loss to know the cause. I have attributed it to many causes, and have found it difficult to prove. It is my opinion—and I base it upon the observation of a life-time, having been born and reared among them, my father being a slave owner—that it is due to their irregular life, I have no doubt. They are great nocturnal ramblers, constantly exposing themselves to all kinds of weather night after night. Both sexes do this. I have employed many servants, and it is with difficulty that we can keep them awake and at work, because of this diposition to ramble about at night. I have known them to work hard all day and

go five or six miles at night to a frolic, or "death watch," returning late and getting only a short nap before they would have to go to work the next day. This will break the greatest constitution, and it is to this habit that I have at last attributed the cause of the increase of consumption in the negro.

It can not be because they lack sufficient nutrition. The negroes in my section have plenty; they do not lack for clothing, and are housed well.

I have tried to find a taint of syphilis in some cases of consumption that have come under my observation, but have failed in not a few. So this can not be set up as the cause. Yet there is some definite reason, some subtle factor at work in this race of people that is bringing down upon them this dread destroyer, this incurable disease, consumption. I do hope that, at the next meeting of the Association, one or more gentlemen will come forward and throw more light on this subject; for it is our duty to look after this people, as providence has placed them in our hands, and as they are mentally incapable of appreciating the danger with which they are threatened, or in working out the cause or effecting a remedy.

Dr. William Camp Wheeler.

In reference to the very able and well prepared paper just read by Dr. Gaines, I must say that I am somewhat surprised to note that he said nothing about consumption in the negro.

Prior to the war, tuberculosis among the slaves was a very rare disease; in fact, many of us never saw it at all then. Some fifteen years since it was evidently on the increase, and the percentage has steadily grown larger year by year ever since. In fact, for the past few years in the northern part of this state, at least in some localities, almost half the deaths among the negroes are from consumption.

Dr. Wall, the senior member of our county society, who has kept some statistics, told me recently that in his practice the death rate has increased fully seventy-five per cent within the last twenty years. I have collected no statistics, but there is

one very noticeable fact in all negro consumptives—the marked progress of the disease and the rapid decline of all cases. I have never seen the disease stayed or arrested in a single case, and I have never known a negro to live exceeding two months after the establishment of the disease. The smallness of the chest, and the consequent reduced breathing capacity, far below that of the Caucassian race, may account for this; but why so many more cases now, than years ago, is the problem I wish to see solved.

Our profession yet stands, as it has for generations back, as the guardians of this helpless people in a sanitary sense; and we are morally bound to investigate this scourge which is almost daily claiming its victims, and if possible avert the cause leading to such ravages. It may be, Mr. President, that the negroes in towns and cities are not so liable to this disease as in the country, but on this point I am not advised; however, I deem the matter of sufficient importance to demand our attention at once, and I would respectfully suggest that, before the close of our present session, the chair appoint two or three gentlemen, whose duty it shall be to gather such data and facts as may be obtainable, and report thereon at the next session of this Association.

Dr. Angelo Festorazzi.

One point against which we must battle is fever, and for this purpose I think sulphate of quinine the most reliable of all anti-pyretics; but with this, perfect rest must be enforced. One-tenth of a grain of morphine increases its power and acts charmingly. Aconite, gelseminum and veratrum are objectionable to me on account of their bad effects on the digestive organs. Cod-liver oil pure, or combined with the hypophosphites, in my opinion is indispensable in certain stages. I agree with Dr. Gaines in stating that cough mixtures are more injurious than beneficial, because the opium in them only gives temporary relief. I prefer the administration of stramonium and belladonna to opium in cases where symptoms become sufficiently distressing to demand relief.

I have noticed in the wards of Charity Hospital, Blackwell's Island, N. Y., that when a stimulant expectorant is demanded a mixture containing carbonate of ammonia in the infusion of wild cherry acts nicely. It is one of my pet prescriptions now, because it does not nauseate. For the hemoptysis I find turpentine and argotin indispensable. Raw scraped beef in the shape of sandwiches, as the doctor states, is the most nutritious food that can be given. I am no believer in the antiseptic treatment of phthisis. The phthisical patient can never imbibe too much fresh air. His apartments must be large and airy.

For night sweats I find atropia the most effectual, although I find oxide of zinc, gallic or sulphuric acid and arsenate of iron useful. Change of climate should always be enforced to those who will not suffer financially, and should go to a mild and temperate climate. In this country, California is very good.

Dr. Adam A. McKittrick.

It is notorious that since the rebellion many negroes have died of a disease resembling phthisis. Prior to the war it was not known to occur, and I am not now prepared to give an opinion of the etiology, but hope to obtain more data in the future and write something definite about it. From the history of the cases observed, I am not inclined to attribute its origin to syphylis.

DYSMENORRHŒA; ITS CAUSE AND TREATMENT.

BY EDWARD POWELL RIGGS, M. D., BIRMINGHAM, ALA.,

Member of the Medical Association of the State of Alabama.

That we may properly understand the nature of this painful affection, and as preparatory to its successful treatment, it becomes expedient that we briefly survey the physiological phenomena of normal menstruation. In every child-bearing, healthy female, the uterus becomes the seat of periodically recurring functional disturbance.

For the space of a week preceding the catamenial epoch there is an increase in the quantity of blood in the venous sinuses of the pelvis. This vascular tension gradually increases until the drain from the uterus is established. Under the influence of this hyperæmia, the uterus and tubes undergo a true erection. The volume of the uterus increases to such an extent that it can be easily felt through the walls of the abdomen; its fibres become redder, softer, and more spongy, the cervix softens, enlarges, and seems to lengthen, and is more easily reached by the finger of the investigator. Its color changes to a dark purple. The os opens to permit the discharge from the body of the uterus.

The mucous lining of the body of the womb thickens and becomes folded and mammillated, its color changes into a reddish brown. The glands show marked enlargement and their secretion is abundantly increased; the sub-epithelial vascular net work becomes apparent and surrounds the enlarged orifice of the glands, thus giving a porous appearance to the inside of the womb. The epithilial covering soon loosens and the capillaries, now deprived of their support, yield to the pressure of the blood, and rupture in innumerable small crevices in a

manner that might be fitly compared to the bursting of the pituitary body in epistaxis. Through these microscopical openings the blood passes into the cavity of the uterus.

In addition to the peculiar anatomical arrangement of the veins of the female pelvis, which favors the stasis of the blood, it has been shown that these vessels, along with the ovaries, tubes and uterus, is supplied with a system of muscular fibers which, under the influence of the ovarian nieus, contract, and comprising the venous sinuses retard the flow of blood. The stasis in the uterine tissues increase the capillary tension, causing them to rupture, and hence the appearance of the menstrual flow.

It has been generally determined that the mucous lining of the body of the uterus is the source of the hemorrhage. The votaries of the denudation theory allege that every menstrual period is anticipated by a fatty degeneration of the mucous membrane; blood is extravisated into its substance, the whole disintergrates, exfoliates, and is washed away with the discharge and a new membrane generated by the inner layer of the muscular lining. If the mucous membrane is cast off with each flow, it must be capable of completing the cycle of disintegration, exfoliation and re-integration in an incredible space of time.

There are many menstrual irregularities which preclude the acceptance of such an hypothesis. Until quite recently the theory of ovulation being the determining cause of menstruation was accepted as classical doctrine; but since menstruation has been found to continue with regularity in many cases after complete removal of both ovaries, the correllation between ovulation and menstruation has been denied by some writers. Cases have been cited where there was a congenital absence of the uterus with the ovaries intact; there was ovulation and corpus luteum; also, cases of married women who became pregnant before the climax of sextual development had occurred, and continued to bear children without the appearance of menstruation, and the rarest cases of conception after the menopause. These facts are indisputable, and warrant the conclusion that

ovulation and menstruation may occur independent of each other; but, admitting these inferences to be true, does it prove that the Graafian folicle is not the starting point of menstruation? It has been wisely said that "habit is the memory of the body." We know how difficult it is, even by the force of our will, to quit a custom that has once become established. Therefore it is quite conceivable that an organ formed by nature and disciplined by habit, may continue for a time to perform after its function and source of stimulation has been removed. The ovaries are not infrequently found well developed when the uterus was rudimentary or absent. But the uterus is never fully matured when the ovaries are absent or rudimentary. Again, if from any cause the ovaries *atrophy*, the uterus likewise deteriorates in size and structure. It has also been definitely settled that menstrual life does not begin until the ovaries have attained their final and complete development; until their growth has advanced as far as the vital force of the individual will permit. Those instances of conception without menstruation might be explained by the possibility of a follicle rupturing at a time when some condition of the nervous system would prevent the reflex phenomina of menstruation. Those cases that are constantly pregnant or nursing have no need of or time for menstruation. In these cases the uterus is kept functionally active and its structural integrity is maintained by pregnancy and the degenerative changes after labor. Lawson Tait, who is a pronounced skeptic on the ovular theory, now maintains that it is the tube and not the ovary that influences the flow. He alleges that it is the effort of the tubes to grasp the ovary, but adduces no reason for such action in the tubes. There is good reason for believing that the tubes are active about the time of menstruation; but that they are not the prime factors, we think has been satisfactorily established. Mr. Tait strikes the key-note when he says that menstruation is under the control of some special nerve centre, situated high up in the cord. There is but little doubt that this function is presided over by some centre that is excited into action by an apparent impulse generated by the stimulous

of the enlarged Graafian follicle. This fact is exemplified by the influences that mental emotions exert over this as over the functions of other organs of the body. It is not unusual to observe the flow delayed for a time or suppressed when established by any cause that excites the emotions. This influence is probably exerted by some molecular change in the arrangement of the nerve cells, which interferes with the reflex equillibrium of the centres, and hence it fails to respond to the impress conveyed to it from the ovary. It is not difficult to believe that the stimulus of an enlarged Graafian follicle may excite vascular changes in the uterus just as the presence of food in the stomach produces those vascular and nutritive changes in the salivary glands and pancreas that constitute the secretion.

The purpose of menstruation is still conjectural. It is nature's unalterable law that inaction in organic structures will, in time, lead to atrophy and decay. Therefore, it is most probable that those changes which occur in the uterus during menstruation is intended to compensate for the want of use that civilization necessarily produces. It seems to conserve the structural integrity of the womb and keeps it in a proper condition to receive and nourish the impregnated ovule.

It is a peculiarity of the organs of the human body that when normal they perform their functions without pain. Structural integrity and functional activity proceed together, go hand in hand. The uterus is no exception to this rule. We have seen that the catamenial flow is caused by changes that take place in the mucous lining of the uterus, so when the epoch is attended with pain its cause is to be sought in the endometrium and its underlying tissues. In a large majority of cases the pain is induced by spasms of the muscles of the uterus, brought on by a hyperesthetic condition of the endometrium, which is the result of an incomplete development of the organ from defective nutrition.

I do not include, under the term dysmenorrhœa, those cases of pelvic pain that have progressively grown worse for several

days preceding the flow, and almost entirely disappearing when the discharge is well established. The pain in such cases is evidently the result of pressure from vascular engorgement on some diseased peri-uterine tissue, and is relieved as soon as the drain from the uterus removes the tension of the blood vessels.

Diseases of the tubes and ovary may unmistakeably be associated with dysmenorrhœa, and structural changes in either tube or ovary may produce pathological changes in the endometrium that will ultimately result in dysmenorrhœa. I am of the conviction, however, that dysmenorrhœa, properly speaking, can not be caused by diseases of the appendages, independent of some abnormal condition of the uterus. It is possible that cases with some pathological condition outside of the womb may suffer with this malady, but the searching scrutiny of a careful analysis will, in most instances, disclose some condition of the uterus that will explain the pain.

It is worthy of observation that a large proportion of the worst cases of dysmenorrhœa occur in young women during sexual development, and is especially common among those who impose upon themselves, or have imposed upon them, the intellectual strain of overtaxing mental exertion. These cases consume their vital force in developing their intellects at a time when the sexual organs make the greatest demands for proper nutrition.

It is not uncommon to see girls enter puberty in blooming health, without an ache or a pain, overtask themselves at school, and their health soon begins to fail; they lose their appetite, look pale and anæmic, and become an easy prey to emotional disturbances. Her menses, hitherto painless, now begin to worry her, and unless promptly relieved, she soon becomes the victim of the most obstinate type of dysmenorrhœa.

The proper interpretation of these cases is, that the vital force of the economy is exhausted by intellectual overwork. The sexual organs being last to develop, bear the brunt of the disturbance, consequently they are the first to yield when the nutrition of the body is impoverished. The uterus not receiv-

ing sufficient nutriment, becomes highly sensitive and irritable, the afflux of blood produces reflex irritation and causes spasms of the uterus; hence the pain. Any cause, either local or constitutional, that interferes with the nutrition of the uterus may indirectly cause dysmenorrhœa.

There is an abundance of evidence to show the greater prevalence of dysmenorrhœa among the higher classes than among the lower; indeed, it is very unusual to observe a case of dysmenorrhœa among the southern laborers. This is wholly due to the environments of the lower classes, which render them comparatively exempt from those influences that tend to depress the vital powers.

The upper classes are compelled by custom to lead passive and indolent lives; these habits retard the development of the sexual organs and produces a condition of the nervous system that is highly productive of the neuroses, of which hyperæsthesia of the endometrium is a manifestation.

I am not in accord with those who believe that obstruction by stenosis, flexion or conical cervix, is a direct cause of menstruation. The blood normally does not pour, but oozes drop by drop from the walls of the uterus; and hence it is difficult to conceive that such a contraction of the cervical canal as will not permit of the escape of this small quantity of fluid can often exist. Again, it is a significant fact that the flow generally bears an inverse relation to the amount of pain; in many cases the pain is excruciating when only a few drops of fluid is passed. Instances are not wanting where the cervical canal was well nigh totally occluded from caustic applications, and yet we do not often find painful menstruation the result of this condition.

From the scantiness of the discharge, it is reasonable to suppose that the obstruction occurs in the endometrium and the underlying walls of the uterus, and may be due to the firmness and rigidity of imperfect development, or spasm of the muscular walls may prohibit the capillary oozing that naturally takes place. Stricture of the cervical canal may produce reflex irritation in the uterus, just as strictures of the urethra will excite irritation in the bladder and kidneys.

Dysmenorrhœa is important because of its frequency, and because it is not relegated to the domain of gynecology alone, but comes not infrequently under the care of the general practitioner.

There are many young females afflicted with this malady, whose future happiness hangs upon slender threads that may be rudely broken by careless hands, or gently gathered up by intelligent and careful management at the proper time.

It is a vulgar error to suppose that this ailment in the girl will invariably cease when full maturity has been attained and the highest functions of the sexual organs are brought into play. We do not deny that conception and labor will, in some instances, bring about this desirable result. But there is far greater reason to fear that the girl who suffers from dysmenorrhœa will have her pain greatly intensified after marriage.

It should be remembered that an organ that performs its functions with difficulty is, from that fact, predisposed to structural deterioration; consequently these cases do not often conceive. The same condition of the uterus that produces the hyperæsthesia likewise determines the subsequent sterility.

Should these cases, however, become pregnant, the extreme sensitiveness of their sexual organs render them very liable to abort. If the *ovum* is carried to the full term, their pregnancy and labor will be attended with far more than the usual amount of suffering.

Again: there is always great danger of the attacks becoming habitual, jeopardizing the patient's health and rendering future life miserable. Therefore, it will be conceived how cogent the reasons are for treating dysmenorrhœa with greater care than at first seems necessary. When called to a case during the paroxyism, our first duty is to alleviate pain. Of the remedies at our command for this purpose, opium is of course the most potent; but there are many objections to its use. It deranges the digestive organs, and leaves very unpleasant sensations about the head in nearly all cases. The most serious objection to its use, however, is the extreme dan-

ger of fostering the opium habit. A patient who has once drowned her suffering with this drug is feebly able to resist the imperious cravings induced by its use, and throwing herself into the same treacherous oblivion on each return of the pain, she soon loses the precious gift of self-control, and pursues a course that almost infallibly ends in moral annihilation—compared with which, the original malady dwindles into insignificance. Opium should, for these reasons, be excluded, except in those cases of extreme pain, where immediate relief is imperatively demanded, and where other remedies have been tried and found inefficacious; even then I would strongly advise that the question be well weighed, whether it is not better to allow the pain some latitude than to relieve it at the risk of destroying the patient's inherent power of resisting a recourse to opium as a domestic remedy for the relief of dysmenorrhœa. Antipyrine has been found to possess marked value for the relief of pain in dysmenorrhœa. I have used it in some cases and believe it justly merits a high rank as a remedy in the treatment of this affection. The fact that it in no way disturbs the digestive functions, and that it leaves no disagreeable after results, render it far preferable to any of the narcotics. It may be given in 12½ grain doses, combined with pot. bromide, and repeated every hour until three doses have been given. It will rarely, if ever, be found necessary to give the third dose. Given in this manner it is devoid of danger, and is invaluable for mitigating pain.

The cure of dysmenorrhœa is to be accomplished by judicious treatment during the interval of menstruation.

If we are correct in assuming that dysmenorrhœa is chiefly due to the higher æsthetic condition of the endometrium, associated with spasms of the muscles and walls of the uterus, and that this condition is the result of imperfect development, or of degeneration and atrophy, from local disease, the indication for treatment is made plain. We should make careful inquiry into the history, from the time that sexual life began, especially as to her mode of life and mental strain since that time; we should attempt to repair any constitutional invasion by enforc-

ing a strict obedience to the laws of hygiene. If the faulty nutritive is due to mental overwork at school, she should be required to leave off her studies and spend her time among cheerful and healthy associates, spending a few hours every day in the open air, exposed to the rays of the sun. If she is anæmic, iron and strychnia, with the hypophosphites may be given. If constipated, some of the bitter mineral waters may be ordered. A glass of Hunyadi or Carlsbad taken before breakfast will produce one or two evacuations in most instances.

If this plan of general treatment, after a fair trial, fails to steadily improve the patient and lessen the pain, it becomes necessary to make a vaginal examination. The vagina may be so contracted and sensitive as to necessitate an anesthetic for an examination even with one finger. It is wise to thoroughly expand the vagina, while the patient is under the influence of an anesthetic, so as to lessen the pain of subsequent treatment.

In typical cases of dysmenorrhœa the cervix will be found contracted, inelastic and very sensitive. Any attempt to pass an instrument into the cavity of the uterus will be attended with intense pain, not unlike that of dysmenorrhœa. Hot water vaginal douches used night and morning will, in the course of a few weeks, lessen the sensitiveness, soften the cervix and improve the circulation of the sexual organs. After the preparatory treatment, and satisfying ourselves that no peri-uterine inflammation exists, we may proceed to dilate the cervical canal. This operation cures dysmenorrhœa in a manner widely different from the generally accepted theory. It does not act as is commonly supposed, by merely opening the canal for the escape of the menstrual fluid, but affords relief by overstretching the tissues about the neck of the womb, paralyzing the muscles and thus preventing spasm; just as expanding the sphincter ani will relieve the spasms caused by a fissure, or a forcible striding of the ostium vaginæ, will cure vaginismus.

The success of the operation depends upon the thoroughness with which the os internum is dilated. The operation should

always be performed with the patient under the influence of an anesthetic, and must be carried to the point of overstretching to accomplish the desired results. The rigid condition of the cervix renders it very difficult to pass the dilator into the uterus, but by inserting the instrument as far as it will go without force, holding the organ steady with a self-retaining tenaculum, and pressing the blades slightly open, the canal above will yield so that the instrument can be closed and passed further up. By repeating this manœuvre the blades can be carried by the inner os with comparative ease. When the instrument is in a proper position the blades should be made to expand by gradually turning the thumb-screw at the handle so as to stretch and not tear the tissues of the cervix. It is best to operate at the patient's house, and it is important that she should be required to remain perfectly quiet in bed for forty-eight hours after the operation, in order to avoid any inflammation that might be set up. If proper precautions are taken the operation is comparatively devoid of danger. Dr. Goodell states that he has performed it quite a number of times without a single evil result.

To sum up the points that I wish to emphasize in this brief presentation of my subject are, that the immediate cause of dysmenorrhœa is spasm of the uterus, induced by the pressure of vascular engorgement on a hyperesthetic endometrium; that hyperesthesia is the result of incomplete development or deterioration from local or constitutional disease, and that if proper attention to the general health fails to give relief in reasonable space of time, the cervix should be fully and thoroughly dilated.

DENTITION.

BY WILLIAM CAMP WHEELER, OF CHEROKEE.

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Of the subject under consideration, I shall have nothing to say regarding its anatomical or physiological aspect; these, as practitioners, concern us least. I will further declare, in the outset, that the object of this paper is not so much to introduce to the profession new and potent remedies to meet the ills of dentition as to attract the attention and arouse the conscience of the profession to a higher claim than in many instances these little sufferers are wont to engage.

In the short period of dentition, which does not comprise more than one sixteenth of the average human life, we find the startling fact, according to the most accurate statistics obtainable, that fully one-half the deaths occur.

In this age of advanced thought, of wonderful scientific achievements, of purer morals, and with all the facilities for cheaper and more comfortable living, many will ask, is not the death rate among children decreasing? We answer not so, but rather on the increase.

The period of dentition has always been regarded (and justly so,) as a very critical time in the history of every child, and a time when the child's health is more easily affected or impaired than any other.

The very delicate mucus and follicular lining of the stomach and intestines of the young child, while yet in a state of rapid growth and development, is very impressible, and highly susceptible to the influences of irritation and the varying changes of heat and cold. The rapid development, *per se*, is a fruitful source of many difficulties; and these are further intensified by

the wonderful sympathy existing between the skin and bowels. And in its entire organism nothing can possibly play a more important part than the nervous system, which is more impressible in the young child for the first three years than at any time thereafter. And it is a common practice among mothers and nurses, and, I reget to say, many practitioners too, who attribute almost every ailment at this period to the child's teething. This amounts, on the one hand, to a matter of habit; and on the other, to a gross and unpardonable negligence. The early management of children has much to do with their health during the evolution of their milk teeth; and to this end they should be clad in good flannels, and these should not be removed in summer, nor until after the expiration of the third year. If you would preserve the integrity of the bowels, and thereby prepare the child well for the first and second summers, never feed it except in cases of actual necessity; and only then, after having ascertained what is best adapted to its special case. In the matter of feeding, and in the articles of diet, many mothers and nurses commit grievous mistakes, and as a rule the profession regards too lightly this very important feature. The demands of fashion, impelled by foolish pride, has sent many thousands of sweet little innocents to the nursery, there to draw a vicious sustenance from the nursing bottle, and ultimately sicken and die, that could have been kept healthy and strong at the maternal breast. God speed the day when all mothers shall realize the importance, the completeness of their mission. No substitute has yet been discovered or manufactured that compares favorably with the mother's milk as a food for children, and, according to the Divine order of things, there never will be. The best general food, in the absence of maternal support, is the milk of a healthy young cow; and to secure the best and most uniform results she should be kept on an enclosed pasture, fed regularly on sound wholesome food, and milked three times daily. Meal, hay and a few of the best grasses should constitute her entire food. The milk from cows roaming at large on the commons and devouring all manner of vegetation should never be given to young children. It often becomes objectionable and even disagreeable to adults.

As those children are healthier and thrive best who receive their sustenance from maternal source, so should those being fed receive the milk from the same cow daily. Frequent changes in diet always work to the detriment of the child, and this is one great reason why so many children are unhealthy who are fed mainly on cow's milk; and this is especially applicable to children reared in towns and cities.

Observation teaches that but few mothers give buttermilk to young children, and yet with many it is the most wholesome and agreeable diet they can take. By way of parenthesis, I will add that one of the most vigorous and healthy children in the family of the writer was raised almost exclusively on buttermilk. And in this connection I make the assertion, without fear of a successful contradiction, that during early life, and during dentition especially, when there is present a greater or less degree of pyrexia, that nine children out of every ten are fed too often and too much. In this particular there is great need of reformation.

The fact that thousands of children are annually cast off by their mothers to obtain sustenance from other and more hazardous sources, has led to a wholesale and very extensive manufacture of divers kinds of infant foods, the most of which only merit condemnation. While some of these preparations possess more or less merit, yet, until we obtain more satisfactory results from this class of foods, the profession should be very slow in giving them endorsement.

Of all the ills incident to dentition, pyrexia is the most common; in fact, its absence is a grand exception to the rule. This ranges from 99° to about 104°, and in its milder type, having its origin in irritation alone, needs no special attention; but when the mercury registers 102° or more, we are advised it is time for some remedial interference; and to meet this, chemistry has given us no better or more reliable agent than antipyrine. It is probably to be preferred to antifebrine, for the reason that it is more easily administered, and possesses decidedly greater anodyne properties—a desideratum in most teething children. In point of frequency probably no other

complication in dentition is so common as diarrhœa and vomiting; in fact, very few children get through this trying ordeal without these in greater or less degree. These may be induced by many causes, viz: diet, change of clothing, catarrh, etc., but the most fruitful source is irritation and sympathy.

All will agree that organs so closely related in their physiological action as the mouth, stomach and bowels, may be, and are usually sympathetically disturbed in pathological conditions; and no condition of the entire organism more clearly illustrates this than a teething child. By this irritation, and sympathy by continuity, the stomach fails to convert the ingesta into healthful chyme, often rejecting it altogether; the liver fails in its office both as to quality and quantity for a perfect chylification, and the bowels with this morbific condition can not possibly remain in a normal condition. When much difficulty exists, and the gums become tense and full, lance them, and do it freely; go down through the gum proper, and be sure to cut through the dens ligamentum. This will always afford some relief, and if the tooth does not follow promptly, do not hesitate to cut again, and even the third time. A few drops of blood from the gum and the incision of the ligament will always eventuate in some comfort, and the idea of a tough cicatrix advocated by some is only imaginary. I am aware that many of our latter-day disciples of Esculapius take bold ground against this procedure, but I have yet to see the first case where free incisions have proven detrimental; but on the other hand have seen indubitable evidence of great good—even to the relieving of convulsions, with the lancet alone.

For the bicuspids and molars, I make the crucial incision. By some this is opposed, under the plea that "it is ancient, old fogy, and not practiced by the medical gentlemen of to-day;" but—

> "Old customs, oh! I love the sound,
> However simple they may be;
> Whate'er with time hath sanction found,
> Is welcome, and is dear to me."

In the diarrhœa of children teething, no medicine is of so

much value as mercury. It should be given as an alterative and always in very minute doses; never give more than one-sixth and frequently as little as one twenty-fourth gr. of the subchloride as a potion, and at intervals of about three hours, till its alterative effect is manifest, when generally most of the difficulties for the time will disappear. With a good normal hepatic secretion, little trouble will remain to be overcome in the management of the case. In this connection the bichloride of mercury is one of our best agents, and deserves a prominent place in this class of remedies. I give from one-sixtieth to one-one hundred and sixtieth gr. dissolved in water; this is a fine corrective, and can be given for days, if necessary, without depleting your patient. With proper dietetic measures nine cases out of every ten will need little or no medicines after securing the alterative effect of either of these remedies.

For vomiting, with little children, I have never found anything superior to the above in addition to lime-water and pepsin; and of the many forms of the latter I prefer the saccharated.

Where children suffer long, or the mucus coat becomes involved either by engorgement or inflammation, we have an annoying and often grave form of bowel trouble, and for this, above all others, I prefer creosote, fluid extract ergot and McMunn's elixir; the latter I regard as the best opiate for children, for obvious reasons. Astringents, without a due regard to alteratives and correctives, amount to little worse than no medication.

Most of us are given to ascribing the neuroses of little children to their teething, and, doubtless, in so doing, sometimes commit great blunders. A careful investigation of the spine, a rigid examination of the genitalia, and a correct information as to idiosyncracies, syphilization, etc., might sometimes save our little patients from death and ourselves of many regrets. Countless numbers of little children suffer, and often unto death, by the neglect of mothers in duly caring for the genitalia. Much of this arises from a want of proper knowledge of this important duty, and to this end almost

every physician has opportunities for rendering valuable advice.

Cutaneous eruptions are very frequent complications in dentition, and, while I would not favor them, yet seldom attempt to cure them until dentition is accomplished. The late Dr. Parrish generally regarded eruptions, especially eczematous sores, as a salutary process, and insisted on favoring rather than discouraging them; and in many obstinate cases, he would even imitate this by blisters.

It is an undisputed and settled fact that, during dentition, all other diseases assume a more serious aspect, and at this period cerebral complications are far more frequent than at any other period of life. We must remember that many complications may arise during this period that are often entirely independent of any connection whatever with the evolution of the teeth. In many instances children could be saved much annoyance and unpleasantness by administering the remedies indicated to the mother; this very easy method is too often disregarded or overlooked, and in some cases it seems really to be the most effectual of all means.

Another method, which is very desirable in many cases, is but seldom resorted to—I refer to external applications. When we consider the delicate structure of the derma, and the activity of the absorbents at this age, we are assured the prompt and rapid application of many remedial agents. For general debility, and especially if the case have chronic intermittent fever, I know nothing superior to a flannel jacket containing pulverized camphor and powdered cinchona. I have seen this prove effectual in a short time where the patient had been steadily declining under remedies given per orem.

Now Mr. President, and fellow-practitioners, before closing this very imperfect paper, I beg to call your attention to one matter especially. As a rule, we devote too little time and study to our small patients, and particularly if we consider them teething. If we have but a given time for a specific number of cases, in the name of suffering humanity give an equitable portion of it to the little children; to those who

have not even one word to express their desires; to those who can by no means locate their affliction; to those who are dumb to every emotion; to those whose future lies out before them and who may reward your successful efforts by years of usefulness and honor; and, finally, to those whose mute helplessness can not protest against your neglect or indifference.

On this line we might learn a grand lesson from the example of our Divine Lord, who, when he would restore the adult, laid his hands on him or spake, and he was made whole; but when the little children were brought into his presence, he took them in his arms, pressed them to his warm, sympathic heart and blessed them.

Gentlemen, we must cultivate the children; we must study how to win them to us, and thereby gain their love and confidence. Each child's case needs to be studied as critically as that of its father or mother, and every practitioner of medicine who is true to his calling, will feel this important duty devolving upon him. We are too apt to judge the value of our professional work by the status of our patient, and the renown which rewards and crowns our successful efforts.

Dr. McKenzie opening the larynx of the Emperor Frederic, while all Europe and the world awaited with anxious solicitude the result; Sir Henry Thompson thrusting a scalpel into the bladder of Napoleon III; Dr. Bliss searching for the missing bullet of the assassin Guiteau, are striking and dramatic figures, and well deserve the keen and eager interest and attention which clings to their every act in connection with their illustrious patients; but who can say that the painstaking practitioner who brought William of Orange through a dentition so perilous that the life of the breathing skeleton was wholly despaired of; or that the able and conscientious physician who nursed Alexander Stephens through the ills of childhood, keeping alive the vital spark in his frail anatomy, has not done as great a work for humanity as those renowned physicians whose professional skill was exhibited in the "glare and fierce light which beats upon a throne?" True, it is, no hourly bulletins proclaimed to the world the varying conditions of their

little patients; no eager multitudes read with anxious hope or fear their guarded reports; no enterprising reporters haunted the street corners, eager to catch a hurried interview. They worked in comparative obscurity, and nursed the tender germ of life and greatness in its feeble tenement; they had not the prompt applause of nations to stimulate and reward them; their humanity and devotion to professional duty (coupled with profound sagacity) prompted them to bestow upon the little sufferers committed to their care that intelligent attention which those who strive for the world's recognition alone might wholly fail to give. No man can be truly great in his profession who "dances attendance" at the gates of power and neglects the cry of suffering innocence and weakness. The pathology of the peasant's child demands your attention as sternly as the ruler's indisposition. I would gladly impress upon every practitioner of medicine the inexorable demands upon him by that class of his patients whose present helplessness and future promise constitute their greatest claim. The physician who devotes a fair share of his time and talents to the wants of his little patients, has the pleasing assurance that he is accomplishing more far-reaching good than if his practice were confined to jurists, statesmen or rulers.

RECENT ADVANCES IN THE RADICAL CURE OF HERNIA.

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DISCUSSED BY

DR. JOHN D. S. DAVIS, of Birmingham, Ala.

There has been so much written during the past two years upon the operative treatment of hernia, and the remarkable success which has followed the methods proposed by Czerny, Michell, Banks, McEwen, McBurney and others, that I have thought it might not prove uninteresting for us to take a short review of some of the recent advances in this department of operative surgery. When I consider the various procedures which have been practiced by different surgeons for the relief of this common, and always dangerous condition, I feel some hesitation in asking your attention to this subject; and especially so, when I realize the fact that my experience in the operative treatment of hernia is very limited, being confined to only a few cases. I trust, however, that the importance of the subject, and a desire upon my part to arrive at the truth, is sufficient apology.

The object of this paper, then, is not so much to record my own personal experience, but rather to call your attention to the recent modern advances in operative procedure, so that we may interchange views, and if possible solve some of the difficult problems involved.

To aseptic and antiseptic surgery we are indebted in a large measure for the good results which have followed the improved

methods. While it can not be denied that there is always some danger attending any operation in which the sac is opened, it has been shown that the modern operation is one accompanied with very little risk to life, and hence we find many surgeons undertaking to make a radical cure who, in former times, resorted to palliative measures.

The chief dangers to be apprehended from the operation are sepsis and hemorrhage. The former can be prevented by proper antiseptic precautions, the latter by care in the proper ligation of the omental pedicle. The operation for radical cure in cases of strangulated and non-strangulated hernia is still in the experimental stage, and to decide what is the best and safest procedure of the many methods proposed, is no easy task. Surgeons have given up all the old methods as totally unreliable. In cases of reducible hernia, the subcutaneous wire operation of Wood is still practiced, and is popular with some surgeons; but it is admitted that twenty to twenty-five per cent in favorable cases, and forty per cent in unfavorable cases, result in failure, so far as permanent and complete relief is concerned. The old method of invaginating the skin, and passing the subcutaneous sutures, has been entirely discarded. Heaton's method, which consists in injecting irritating fluid into the connective tissues outside the canal, is rapidly passing into disrepute, the percentage of failures being acknowledged to be about seventy per cent.

Some surgeons have been content, and still practice the method of removing that portion of the sac below the superficial ring, and completing the operation by suturing the pillars of the external ring. This plan, it has been shown, is defective, from the fact that there still remains a depression in the peritoneal surface at the mouth of the hernial opening, and also that portion of the canal which lies between the superficial and deep rings. The hernial protrusion coming down into the canal, and meeting with little resistance at the external ring, soon makes its way out by breaking down any tissues or sutures which lie below it. In these cases an incomplete hernia results, which gives the patient much inconvenience.

In my first case I met with this same difficulty. It was an operation done for the relief of strangulation. After opening the sac as high as the external ring, and dividing the constriction and returning the intestine, I did not remove the sac, but left it in situ, and completed the operation by passing deep sutures through the neck of the sac and the pillars of the external ring. My patient made an excellent recovery from the operation, and was up on the 9th day. The last time I saw him he informed me that he had to wear his truss to prevent the descent of the hernia. Upon examination, I found a protrusion in the abdominal wall near the superficial ring, which proved very conclusively to my mind that the operation was a failure so far as complete and permanent cure was concerned. This experience accords with that of many others who have undertaken to obliterate the canal by approximating the walls of the canal, and leaving the sac in situ.

It was on account of these radical defects in all the old methods which led to the adoption of the modern operation, and in consequence the operative procedure has been completely revolutionized. The whole question of radical cure hinges upon the proper answers to the following questions:

1st. What disposition should be made of the sac?

2nd. How can the peritoneal laxity at the deep ring be removed, and what is the best means for furnishing support to the peritoneum at this point?

Upon the question of the treatment of the sac, the majority of surgeons agree, that to make a radical cure it is necessary to ligate the sac high up in the canal close to the deep ring, and completely remove it. As to the best means of obliterating the canal, and supporting the peritoneum at the deep ring, there is much difference of opinion; the modern operation has in view the closure of the sac, and the complete obliteration of the hernial canal. Czerny, Michell, Banks, Weir and others advocate the plan of de-ligating the sac high up in the canal near the internal ring, cutting it off, and completing the operation by passing deep sutures through the abdominal wall, and by this means approximating the sides of the canal and obliterat-

ing its cavity. The operation first proposed and practiced extensively by McEwen of Glasgow, consists in dissecting out the sac, and then retaining it by means of a straight cat-gut suture passed longitudinally several times through the sac, and through the abdominal wall, about one inch from the outer side of the deep ring. When traction is made, the sac is puckered and folded and drawn completely into the abdominal cavity, where it is said to act as a "bulwark on the peritoneal aspect of the internal ring," and prevents the descent of the hernia. After disposing of the sac, McEwen strengthens the weakened abdominal wall by passing deep cat-gut sutures through the conjoined tendon outwards towards pourparts ligament, and thus unites the transversalis and internal obliqne muscles with pourpart ligament. These sutures are passed deeply through the abdominal wall near the internal ring, and the walls of the canal are thus brought into direct contact. The objection urged against this operation is, that it makes no provision against the peritoneal laxity around the internal orifice of the canal, and that it does not produce what is most to be desired, and that is a smooth peritoneal surface. It is also urged that this method is difficult of application, and often impracticable in many cases. In congenital hernia, it is impossible to separate the sac from the cord; frequently it is so thin that it can not be thrown into folds; then again in cases where the sac is diseased or injured, and is unfit to be replaced.

One of the latest operations proposed, is what is known as the open method. While not original, it has been extensively practiced by Dr. Chas. McBurney of New York, and bids fair, I think, to be generally adopted by the profession. In a late paper read before the New York Academy of Medicine, he reports thirty-six operations with only one death, and that due to alcoholic delirium, and not connected with operation. Out of thirty-one cases under observation, he reports only one relapse, but says that some of the cases are of recent date, and can not yet be called permanently cured. McBurney's operation accomplishes the complete obliteration and closure of the hernial canal by means of cicitricial tissue, which is formed by

allowing the wound to remain open and granulate from the bottom.

To those who are interested in the subject, I would refer to the original article published in the Medical Record of March 23d. It is understood that the operation is done under the strictest antiseptic precautions, special attention being paid to cleaning the regions about the field of operation. A free incision is made, beginning opposite and a little to the outer-side of the internal ring, and extended well to the lower end of the sac. The incision is rapidly deepened until the concave border of the superficial ring is exposed to view as well as the anterior wall of the sac. The superficial and deep layers of fascia being cut through, one blade of blunt scissors is inserted under the border of the ring, and the anterior wall of the canal is split up to outer border of the internal ring; the sac is dissected up to its lowest end, and carefully separated from its attachment to the cord; this is most easily done with the finger or handle of the scalpel, by beginning at the upper part of the sac above the superficial ring. The cord being separated from the sac as high as the peritoneum, the sac can be lifted out and ligated at the junction of the sac and general peritoneum.

Dr. McBurney directs that the sac should always be opened before applying the ligature. The hernia is now reduced, and if omentum be present it should be ligated and cut off, the stump being returned to the abdominal cavity. If the omentum be adherent, it must be detached from the sac and carefully ligated before it is cut away by the knife. In ligating the sac, the following plan is recommended:

The sac being held in a vertical position, the operator's finger is introduced into the neck of the sac, and the sac drawn down by the right hand. The ligature is now placed around the highest point of the sac and tightened by an assistant upon the operator's hand. It will be readily understood that this plan insures against the danger of including a loop intestine or omentum in the ligature; a pedicle of sufficient size is left to prevent slipping of the ligature, the rest of the sac is cut away.

In congenital hernia, it is often impossible to separate the sac from the cord, and it is necessary to cut off the sac by piece-meal, and, instead of the ligature, carefully stitch the neck. We have now reached a very important step in the operation; we have a large gaping wound which includes the whole length of the canal, and the circumference of the internal ring.

Dr. McBurney describes the anatomical boundaries and floor of the wound in the following language: "The posterior wall is formed by the fascia transversalis in its inner aspect, and by the peritoneum in its outer part; the peritoneum in its inner surface is smooth, and the sac completely obliterated. The upper wall of the wound is formed by the edges of the skin, superficial fascia, external oblique, aponuerosis and conjoined tendon; the lower wall by skin, superficial fascia, and a strip of aponuerosis, or practically, pourparts ligament, including the outer pillar of the external ring."

In passing the sutures, an effort should be made to bring down the lax edge of the conjoined tendon. The sutures should be of stout cat-gut or silk, and placed according to McBurney as follows: "From four to eight, according to the size of the wound, bind together the tissues which form the upper wall of the wound, that is, the conjoined tendon, the aponuerosis of the external oblique (including the inner pillar of external ring), the skin is carefully and deeply inverted while each stitch is tied tightly, as many more sutures bind together the lower wall, that is, the skin and pourparts ligament, including the lower part of the outer pillar of the external ring." It is clear that this plan of suturing leaves an open wound and allows it to granulate from the bottom. To prevent too much gaping of the wound, McBurney passes what he calls tension sutures; two or more are passed deeply through the skin and superficial fascia across the wound. These stitches relieve the tension on the edge sutures, and have a tendency to narrow the wound. They should be tied over pledgets of iodoform gauze to prevent them from ulcerating through. The whole floor of the wound should be dusted

with iodoform, and closely packed with iodoform gauze throughout the whole canal, particular care being taken that the outer angle around the circumference of the internal ring and over the stump of the sac is thoroughly packed. The wound in the scrotum is sewed up, a drainage tube placed at the lower end if necessary; the operation is completed by enveloping the parts in abundant layers of bi-chloride gauze and cotton, and over this a piece of thin rubber tissue to prevent soiling of the dressings with urine; a spica bandage is applied and the patient put to bed; the dressings are not disturbed for five or six days, when the packing should be renewed, and it will be found that the wound has begun to granulate. The dressings should be changed every four or five days. The time required for complete healing of wound and formation of cicatrix is said to be five or six weeks, and during this period the patient must remain in bed. McBurney claims for this operation the following advantage over all other methods:

1. It is the only method in which the sac is completely obliterated.

2. That the walls of the canal are very firmly united throughout its whole length by strong cicatricial tissues.

3. That the wound being open the risk of abscess and septic infection complications is reduced to a minimum.

4. That it is applicable to every form of hernia.

These are certainly very decided advantages, and the author is a man of large experience, and has had abundant opportunity to test the value of all the other methods.

When we consider the question of radical cure in connection with the operation for strangulation or hemiotomy, I think the experience of modern surgery teaches very clearly that an attempt should be made to bring about not only relief to the strangulation, but, also, a radical cure. It has been shown that the mortality, after the radical operation, is not increased, but rather diminished. There are several causes to account for these good results. To aseptic precautions, and to the greater care in the general technique of the operation, much of the suc-

cess is due, and also to the fact that surgeons do not now delay after strangulation has occurred, and hence the strangulated gut is usually found in a healthier condition, the success of a hemiotomy depending, in the main, upon the condition of the intestine at the time of the operation. We have already discussed the different methods of treating the sac.

In cases where the operation is done for strangulation, the same general principles obtain. The rule was in the old operation of herniotomy, for the hernia to return, the surgeon being satisfied if he succeeded in saving the life of the patient. With the present lights before us, unless the surgeon affects a radical cure, he falls far short of his duty.

In concluding these fragmentary remarks, it appears that while there has been great advance made in operative treatment of hernia, we have not yet reached a perfected operation, and one easily and safely performed by any physician of ordinary skill.

It is impossible to say which procedure of all those proposed is best and safest, as it must be confessed that all operations for the cure of hernia are difficult, and more or less complicated, depending upon the varying conditions found in different individuals.

Those of us who live away from the large metropolitan centers, and do not have an opportunity to become expert in operative procedure, must be content to adopt whatever method seems simplest and is accompanied with least danger.

Relapses sometimes occur after all the different methods, and time alone must decide as to the relative merits of each.

Dr. John D. S. Davis.

I do not think a patient who is obliged to wear a truss after herniotomy can be properly called cured. That procedure, which is worthy of the name of radical, should secure to the patient permanent relief from his malady, and freedom from mechanical appliances used to prevent a return of the hernia.

It has been my experience, that the ruffled sac, after the method of McEwen, will not only soon open up and again allow the gut to protude, but it makes no immediate primary provision at all against the great laxity of the peritoneum which exists in all large hernias, around the internal orifice of the canal.

McBurney has attempted to restore to the peritoneum, at the internal ring, the natural smooth surface that exists where no rupture has occurred, by tying off the sac as high up, as in case of femoral hernia, as Gimbernat's ligament, and allowing the open wound to heal by granulation. He mats all the tissues together on each side of the wound by sewing together all the layers forming the abdominal wall except the transversalis and peritoneum, from the internal ring to the spine of the pubis. The stitches keep the wound potent throughout its entire depth and provides against the possible formation of a feeble union between any two layers on opposite sides of the wound. The wound is dressed open and allowed to fill up by granulations from the bottom, formed by the transversalis, with the peritoneum behind it. At the end of five or six weeks, a firm cicatrix will be formed sufficient to secure strong repair.

The preventable dangers of the operation are immediate and remote—immediate from hemorrhage, which will be of rare occurrence when care is taken in the ligations of omental pedicles—remote from sepsis, which will seldom be seen under proper antiseptic precautions.

The advantages maintained for the open method of wound treatment, which I desire to emphasize as the result of my own experience in corroboration of Dr. McBurney, are:

(1) "That, in inguinal hernia one is able, after laying open the canal, to very evenly and completely tie off the sac.

(2) "That the wound, being open, no drainage is required, and the risk of abscess and septic complications are reduced to a minimum.

(3) "That the walls of the canal are united throughout by strong cicatricial tissue."

EPICYSTIC SURGICAL FISTULA FOR CYSTOSCOPIC EXPLORATION; INTRAVESICAL TREATMENT AND DRAINAGE.

BY JOHN D. S. DAVIS, M. D., OF BIRMINGHAM, ALA.,

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Epicystotomy has become an established and frequently practiced procedure, and the dangers incident to opening the bladder through the abdominal wall are so slight that patients suffering from almost any vesical trouble are encouraged to have the bladder opened for diagnostic purposes and treatment at a time when the general health remains unimpaired; a practice which, a few years ago, would not have been resorted to by the most aggressive surgeon.

Catarrh of the bladder, irrespective of its cause, is always followed by a series of consecutive pathological changes, which, independently of the partial or complete interruption of the passage of the urine, tend to destroy life. A dilatation of the bladder and ureters by retention of urine may give rise to such a degree of distention, as to destroy life from suspension of important functions by mechanical pressure. During the stage of inflammation a paretic condition may occur, the blood vessels in the vesical wall lose their support, and transudation and exudation take place into the paravascular tissue, which, combined with capillary stasis attending this stage of the disease, results in sloughing, infiltration, pyæmia, peritonitis and death. The damming up of the urine may, and does often cause surgical-kidney, epididymitis and tetanus.

The treatment of chronic vesical catarrh resolves itself into a consideration of the causes producing the disease, many of which, the presence in excess of certain inorganic constituents

of the urine, stone, stricture and hypertrophy, are capable of correction; whilst others—such as malignant tumors and certain conditions of the prostate—may only admit of a palliation of the symptoms to which they give rise, and the removal of which must be the first object in the treatment. But when a paretic condition of the bladder exists, provision must be made for the complete continuous emptying of the viscus; its thorough cleansing by frequent irrigation with hot sterilized water; and the promotion of a healthy tone in the mucus membrane and muscular structure of the bladder. The frequent introduction of catheters for drawing off residual urine and washing out the bladder has been productive of much harm; and, instead of giving relief, proved to be, by reason of their frequent introduction into the inflamed bladder to draw off the urine two or three times a day, a source of immediate and alarming symptoms. These facts are cogent reasons for adopting surgical means in all cases of intra-vesical troubles as soon as a diganosis can be made, and often when it can not otherwise be made, for the complete emptying of the bladder, thorough cleansing, diagnosis, and intra-vesical treatment.

The epicystic surgical fistula is designed for drainage, intra-vesical treatment and cystoscopic exploration, and may be divided for consideration under the following heads:

I. Definition of epicystic surgical fistula.

II. Surgical resources in the formation of the epicystic surgical fistula.

1. Preparation for the operation.
2. Anæsthesia.
3. Position.
4. Incision and opening bladder.
5. Intra-vesical exploration and treatment.
6. Toilette and after-treatment.

III. Advantages of the epicystic surgical fistula.

1. Cystoscopic exploration.
2. Intra-vesical treatment.
3. Drainage.

I.—Definition of Epicystic Surgical Fistula.

Epicystic Surgical Fistula is the title here give to a suprapubic fistula into the bladder created by the surgeon for exploration, intra-vesical treatment and drainage. A fistula, which, acting as an artificial urethra, is capable of giving free access to the inside of the bladder for cystoscopic exploration, to provide a ready, convenient and comfortable means of emptying the bladder at will, and gives the surgeon a competent opening into the viscus for intra-vesical applications.

It constitutes an essential element in the speedy and complete evacuation of the contents of the bladder in all epicystic operations, and imitates nature in the restoration of its own continuity and repair as the pathological changes within the bladder subsides.

II.—Surgical Resources in the Formation of the Epicystic Surgical Fistula.

(1). *Preparation for the Operation.*—The presence of two assistants, though not necessary, may be of valuable aid. A temperature of 80° or 85° Fah. should be maintained in the operating room from the beginning to the end of the operation. All hair is to be shaved from the pubis, and all the details of antiseptic surgery are to be carried out so far as cleaning the pubis and abdomen. The bladder is emptied and thoroughly washed with warm water. When the water returns clean, the bladder is slowly distended with warm sterilized water thrown into the bladder by means of a fountain syringe, with nozzle in urethra—a degree of pressure sufficient to distend the bladder to its utmost capacity—which can never be too great for the resistance of the bladder. It is better to fail in filling the bladder than to distend the bladder beyond the limit of competency. Indeed, it is not necessary to fill the bladder to any degree of resistance. I have operated when the bladder was in an irritable condition and would not tolerate distention greater than the capacity of two ounces, and had no difficulty in avoiding the pre-vesical fold of peritoneum or find-

ing the bladder. The water is secured in the bladder by tying the penis at the base with a rubber tube.

A colpeurynter is next to be well oiled and inserted into the rectum—the rectum having been previously emptied by enema, and filled with warm water. This distention brings the bladder into view above the pubis.

(2). *Anæsthesia.*—My preference for chloroform is the result of my own personal experience with it. It is not free from objections, as its depressing effect on the heart is well known. The operation usually occupies fifteen minutes; and hence, its prolonged use would be unnecessary and uncalled for. The objections to ether are, the suppression of the excretions and the frequency with which bronchitis is produced when administered to persons advanced in years. The best course to pursue, when the operation is prolonged, is to follow the use of the chloroform by ether. The patient must be kept profoundly under the influence of the anæsthetic from the first incision until the superficial wound is closed.

(3). *Position.*—The patient is placed on the back on an ordinary operating table with the legs extended as if in a position for perfect comfort and rest. Many surgeons claim advantages in the position recommended by Trendelenburg. Eigenbrodt emphasizes the fact* that the elevation of the pelvis in Trendelenburg's position† helps the surgeon to avoid the prevesical peritoneal fold at the time of the incision of the bladder.

I have employed this posture for intra-vesical operation by means of the supra-pubic incision with no advantage over the ordinary flat-back position. With two openings in the bladder for a continuous stream of clear water, I have no trouble in illuminating every part of the bladder with the electric surgical light, and thus am enabled to examine the entire intra-ves-

*L. c., p. 72. Cf. Lang, *Med. News*, Dec. 4, 1886.

†In Trendelenburg's position the patient's legs are held over the shoulders of an assistant with the body resting on an incline table, much in the position which hogs are swung for spaying.

ical wall. Undoubtedly the position recommended by Trendelenburg possesses advantages, which to the author more than myself, make it highly ideal. As for myself, I prefer and recommend the flat-back position.

(4). *Incision and opening bladder.*—A perpendicular incision three or four inches long is made in the median line above the symphysis pubis. The recti muscles are separated to symphysis. If the pyramidalis are in the way, the fibres should be cut. The transversalis fascia is divided on a grooved director from symphysis to within one inch of upper margin of superficial wound. Instead of following Guyon's manœuvre, I catch the bladder with a tenaculum on a line with the symphysis, through the prevesical fat, and cut through with a bladder knife into the bladder with one smooth, clean incision, to prevent undue disturbance of the cellulo-adipose tissue between the bladder and pubis and avoid infiltration. I have never seen a case where it was necessary to put up the prevesical fat, and with it the peritoneal cul-de-sac. If the bladder is caught on a line with the symphysis and cut downwards, no fears need be had for the peritoneum. Cutting this prevesical fat prevents its after dropping down over the opening into the bladder, and acting as a valve to prevent easy escape of urine and causing infiltration. And, too, such a procedure gives a smooth incision throughout, and it is almost impossible to have infiltration, even when no drainage tube is left in the bladder, and the urine is left to flow out through the fistulous track and taken up by a layer of absorbent cotton. In making the incision into the bladder, no attention is to be paid to any vein or veins which are sometimes met with. If cut, they will stop bleeding when the bladder is dropped back and the rectal bag removed. The operation is usually bloodless in the sense of hemorrhage. I have operated without the patient losing more than one drachm of blood.

(5). *Intra-vesical exploration and treatment.*—The finger is carried into the bladder and a thorough search made for any tumors, villous growths, or foreign bodies. The bladder is

now emptied and the rubber around the penis untied and the bladder well washed out with hot sterilized water. The bladder can now be examined with the cystoscope and surgeon's electric light. If tumors be found, if practicable they should be removed; villous growths and any foreign body found should be removed. If nothing is found in the bladder, the surgical fistula, in the absence of malignancy, will be all that is required to relieve the cystitis.

(6). *Toilette and after treatment.*—The bladder is allowed to drop back into the pelvis and the superficial wound so closed by two sutures (including the skin and superficial facia only), in the lower portion of the incision and one in the upper portion of the incision, as to leave a fistulous track of equal size from bladder to juncture of upper third and middle third of the superficial incision. A large rubber catheter is now to be introduced into the bladder through the opening and its distal extremity allowed to enter a urinal placed in the bed between the patient's thighs, or preferably at the patient's side. Professor F. Trendelenburg, director of the surgical clinic of the University of Bonn, proposed, for draining the bladder in supra-pubic lithotomy, the T-tube in latero-abdominal position and open wound treatment as the simplest, safest and best. He makes an antiseptic dressing of iodoform gauze around the T-tube. There can be no real necessity for a tube of any kind to be introduced into the bladder for the purpose of conveying the urine from the bladder to prevent infiltration, irritation of superficial fascia and soiling of dressings.

If the urine is kept acid by the administration of citric acid or some other more palatable acid drink, no better antiseptic than the acid urine can be secured for the constant bath of the parts. It should be allowed to flow out through the wound and absorbed by a pad of absorbent cotton placed loosely over the wound, and removed as often as soiled by the outflowing urine. By this method of emptying the bladder, no possible small amount of urine can be impeded in its outflow, which is the case around and outside of the tube, when catheter or tube is left in for any length of time—a source of

no little annoyance at times. This little collected or retained urine, around the outside of the tube alone, I have seen produce a hard chill and elevation of temperature, and become for the time an immediate, alarming and aggravating source of trouble. I never have seen the skin made sore or chafed by the outflowing urine in epicystotomy, or from its after escape through the surgical fistula.

The bladder should be washed out twice daily with hot sterilized water, by means of a fountain syringe, with its nozzle introduced into the urethra, the water escaping through the epicystic fistula and guided into a bed-pan under the patient. The superficial stitches are taken out at the end of a week, and intermittent catheterization by the fistula is then resorted to for the sole purpose of training the fistula and prevent its rapid closure. It is not necessary to catheterize for the purpose solely of drawing off the urine. In one case I never drew the urine save for the purpose of analysis, but occasionally introduced a rubber bougie to prevent the closure of the fistula. The drainage by the fistula alone is admirable, and the fistula will be well formed in twenty or thirty days, competent to retain urine without dripping and to allow its escape in a good projecting stream at will. With no tearing of the tissues, and, with a clean cut, the drainage is perfect and the dangers are *nil.*

III. Advantages of the Epicystic Surgical Fistula.

(1). *Cystoscopic Exploration.*—Nitze has, by means of the cystoscope, been enabled to diagnosticate tumors of the bladder in nine cases in which rectal palpation, the sound and other means had furnished negative results. One of the great difficulties in the cystoscopic exploration of the bladder is the presence of pus, mucus, and sometimes blood, which renders it exceedingly difficult to maintain a translucency of the fluid used to distend the bladder. By means of a simple fountain syringe a constant current of clear water may be kept within the bladder so essential to a complete observation of the trigonum Lieutaudii, the most interesting part of the viscus, the

ureters; and to examine any affection of that viscus. The fistula may be made for temporary purposes of cystoscopy by the Peterson-Guyon-Perier operation; but I can see great advantages from a different operation, by Dr. Hunter McGuire, the object of which tends to detect as well as eliminate the trouble within the viscus; and, too, in the final construction of a permanent fistula, gives an easy after-method of exploration, and makes a better artificial method by reason of its length and extension upwards of two to three inches. Diagnostic purposes are met by the possibility of immediate detection of all local conditions, such as tumors, calculi, foreign bodies, neoplasms, the collection of fluids from the ureters, etc.

(2). *Intra-Vesical Treatment.*—Having by means of the epicystic exploration revealed the true nature of the intra-versical trouble, the treatment resolves itself into the immediate necessities of the case. For instance, prostatectomy may be necessary, villus papilloma may be found and should be remedied; pedunculated growths may be found which should be removed by the scissors or Paquelin's cautery, etc. In such cases, the opening in the bladder sufficient to introduce the finger, should be enlarged downwards under the symphysis pubis and the operation indicated should at once be performed. The object of the formation of the permanent surgical fistula is to meet the after indications in such operations, the details of which do not properly come within the province of this discussion. However, it is sufficient to state, what is reasonable and practicable, that a better means by which the intra-vesical wall can be reached and treated therapeutically has not yet been devised.

(3). *Drainage.*—Permanent after-drainage in all intra-versical operations can not be necessary; but is highly essential to secure good and sufficient drainage until the paravascular tissue is disingorged, the cystitis is relieved and the urine becomes normal and passes per urethra unobstructed. And until this end is attained complete artificial arrangement for the escape of the contents of the viscus must be made. In

such cases of prostatic hypertrophy, or malignant growths, when removal of the obstruction is impossible or contra indicated, the epicystic surgical fistula is clearly indicated and essentially necessary. It meets every possible indication for local treatment and gives the only controllable, ready and free drainage to viscus and kidneys. Urinary back pressure, as the result of the incompetency of the uretha, from the various immovable prostatic troubles, is often an immediate and remote cause of surgical-kidney, which can only be removed or relieved by supra-pubic drainage. It is also indicated in conditions of the bladder of long standing cystitis, as in the case reported by me in the Virginia Medical Monthly,* in which the urethra, though made competent by cutting, was not sufficient to keep the bladder emptied without catheterization—a procedure which kept up a constant vesical inflammation, which, combined with capillary stasis, attending the inflammatory process, resulted in paresis.

I now have the pleasure of introducing that case (Mr. T. A. Nixon's,) to you fifty-eight days after the operation. His condition to-day is sufficient guarantee for all I have said in favoring the formation of an epycistic surgical fistula for the relief of chronic vesical catarrh. The result in this case is more than I promised. He can retain his urine several hours and without dripping of urine or pain to bladder. Urine completely under control and bladder relieved of pain. Present capacity of bladder is sixteen ounces. The fistula here is well formed and competent in every respect for which it was formed.

I now draw his urine with a catheter, not that it is necessary to introduce the catheter, but to guide the urine into the bottle and prevent a projected stream from going on the floor.

DR. GEORGE W. MCDADE.

There are no specifics known to the medical profession. The knife fails in the hands of the most skillful surgeon; also, all

*Virginia Medical Monthly, April, 1889.
Alabama Medical and Surgical Age, April, 1889.
New York Medical Journal, April 13, 1889.

remedies in the hands of the practitioner. There are many in the profession who are unable to perform so grave an operation as epicystotomy; many patients who will not submit to the operation, and very many who are unable to pay the surgeon for his services. Hence, we must have recourse to remedial agents which act directly through the uninary system for the cure. This remedy I believe we have in the philadelphus coronarius, known by the common name of mock orange, and wild syringa. It is not truly a syringa, that name being more properly applied to the lilac family. I can find no literature on the philadelphus coronarius as to its medical properties, it being simply mentioned in botanical lists. It is indiginous to this country, growing in the rich alluvial soils of our sloughs, creeks and river bottoms, flowering in April and May.

Case I. R. S., a mulatto man aged 62, has suffered for seven years with chronic cystitis and enlarged prostate, gradually growing from bad to worse. He had been under the care of two prominent physicians without benefit. He called to see me in March, 1880. His appearance indicated he was a great sufferer, careworn, emaciated and weary. He complained of having to void his urine very often, as often as every hour or two. Each passage—no matter how small in quantity—was attended with severe pains, and for several months previous a desire to defecate at the same time. He was so frequently disturbed at night as to prevent his sleeping, except at short intervals. He had no fever; appetite only tolerably good. The urine had an acid reaction, color dark, containing large quantities of muco-purulent matter, often streaked with blood, and when allowed to remain in the vessel for a short while, became very offensive. He was forced to use a catheter, being unable to pass his water without it. I had very little hope of benefitting my patient. In such unpromising cases physicians generally prescribe tonics, anodynes, and some one of the many mineral waters, trusting, by their assistance, that nature may come in to aid them, as the sufferer perchance is being restored to health.

I have consulted several physicians older than myself, hoping

to find some remedy for relief in such cases, but found them in the same dilemma as myself, all preferring not to be called on to treat them. Suffice it to say, I was as unsuccessful as my confreres. My treatment, like theirs, gave only temporary relief; and after continuing it for three or four months, I told my patient frankly that I could do him no good, and that it was a useless expenditure of his money to have any more of my prescriptions filled. I confidently expected that he would, in the course of three or four months, succumb to his suffering and be numbered amongst the dead. Several weeks after this, I was called to visit him. I found he had quite a hemorrhage from the bladder. I noticed as I entered the yard a bush of the wild philadelphus coronarius which he had transplanted from the woods hard by. I said to him, here you have the remedy for your disease growing in reach of you. I ordered him at once to have a lot of the roots dug and instructed him how to make a decoction, and to take of it a wineglassful every four to six hours.

I had no confidence in anything I had prescribed doing him any good; still, I left my patient encouraging him to persevere in taking the decoction. He said he had given up all hope of getting well. Soon after beginning with the medicine he began to improve, and in the course of three months was cured. At the end of six months his health was excellent; had gained in flesh, and, instead of looking upon a man once—in all appearance—a cadaver, I saw one in perfect health.

Nine years have since passed away. He still continues well of the diuresis and chronic cystitis. The enlargement of the prostate and stricture of the urethra prevent him from passing his urine without a catheter; passes his water four or five times during the day; gets up once only in the night, just before daylight. His sleep is undisturbed and refreshing.

Case II. Mr. T. M. White, aged 73, has been declining in health and growing more and more feeble as his years advance. I called to see him in 1886. He complained of frequent desire to void his urine, day as well as night. It had become such a source of annoyance to him he has long since

ceased to visit his neighbors, "being ashamed to trot out to make water." His sleep is very often disturbed and unrefreshing, he having to void his urine ten or twelve times during the night. As he knew the history and treatment in case number one, I soon persuaded him to make the decoction of philadelphus coronarius root and take it. In the course of a month his condition was so much improved, he neglected taking the medicine. Hence, when I saw him again he stated that he had very much improved in every way. He was not disturbed oftener than three or four times during the night, and thought he would have been entirely cured if he had taken the decoction regularly. He experienced so much relief from the medicine, he prescribed it for his son who was afflicted in the same manner. His son's trouble was brought on by the intemperate use of common whisky. The decoction cured him.

Case III. Mr. B. B. White, planter, aged 31, was in perfect health and was attacked very suddenly in June, 1885, after having been chilled by a shower of rain. Soon thereafter he was seized with a desire to pass his water, accompanied with a burning sensation in the region of the prostate and extending along to the meatus; the paroxysms of heat continuing from five to ten minutes, then intermissions of ease would occur at about the same intervals of time; then the strangury and desire to pass urine would be repeated and a disposition to defecate, when the paroxysms came on. He continued to suffer in this way for three years with occasional intermissions of relief, never exceeding a few hours. Every day and night for weeks, months and years, he suffered until he became emaciated and so enfeebled he could scarcely walk. During these three years of worry and suffering, he employed at different times three physicians, but obtained only temporary relief.

In the month of October, 1888, I was called to see him and found him lean, feeble and with some fever. He repeated his story of suffering, and was then passing his water as often as once every hour or two, day and night. His appetite was poor, his bowels regular. Examination of his urine when in repose,

disclosed a large muco-purulent deposit which, when allowed to stand, in a few hours became very offensive; that voided during the night was especially so, had acid reaction of a dark straw color and free of albumen. I prescribed for him Wheeler's elixir and Chapman's mixture, with double the quantity of compound spirits of lavender and the decoction of philadelphus coronarius. The tonic to be taken before meals, the Chapman's mixture every three or four hours, when suffering from strangury, and the decoction in wineglassful doses three times a day in the intervals between the other medicines. He began to improve immediately; suffered one night only for an hour. I soon left off the tonic, and directed the Chapman's mixture to be taken only when he had the slightest indications of strangury, and the decoction to be kept up in daily doses. Two months since he began this treatment he has gained fifteen or twenty pounds; his complexion is good, his appetite excellent, his digestion perfect, sleeps well, mucous in the urine has disappeared, and, but for occasional symptoms of his old trouble, he feels perfectly well. In a recent letter he reports himself cured, and thinks with proper care there will never be a return of his disease.

I have now three cases under treatment; two of whom are old men, one a young married woman. The former have been materially benefitted, and strong hopes are entertained of cure in both cases.

In the case of the young woman, I prescribed for her several months ago; the Chapman's Mixture and compound spirits of lavender and Wheeler's Elixer. As long as she took the mixtures the distress and diuresis was relieved, but would return as soon as it was left off. One month ago she called at my office with her husband. I ordered the decoction of philadelphus coronarius with the happiest relief from her suffering, and I am satisfied that a cure will be effected in her case. She has been a sufferer from this painful distress for three years. I made no test of her urine as she lives in the country, and I had no facilities at hand to make it.

We all know how unsatisfactory this class of patients are to

treat. A remedy that will give almost immediate relief and a cure, will fill a vacancy in our list of therapeutic agents, long felt, and will prove a blessing to human sufferers. This remedy, I believe, we have found in the one I now present to you. My success has been so uniform and the relief so decided, I have every confidence in recommending it to you and through you to your patients.

I am of the opinion that it will be found on trial equally as efficacious in other diseases of the urinary organs, as nephritis, gonorrhœa, gleet, etc. I am very anxious to have the assistance of the profession in making other experiments with it; would like to see it tried in cases of diabetes and albuminuria. I am encouraged, at least, to hope it will prove beneficial on the principal, that, if you restore any organ to its normal condition, the disease will be cured.

I have formulated a recipe and made arrangements with Messrs. Eli, Lilly & Co., of Indianapolis, Ind., who are noted throughout our country for the purity of their pharmaceutical preparations, to manufacture it for the use of the profession.

DR. JOHN D. S. DAVIS.

I regret that I was called from the hall during the reading of Dr. McDade's paper, and heard but little of it. I desire to emphasize the fact that accurate observation of all my cases of cystitis has taught me to expect but little from therapeutic treatment. I value cleanliness above everything else in any inflammation of the bladder, and to get cleanliness in the inflamed bladder, there must necessarily be a competent opening into the bladder to allow a continuous stream of water to pass in and out, for washing out the bladder. Even when the urethra is competent to admit a double canula catheter for a continuous stream of water, I claim that the irritation to the prostate is so great—from the frequent passage of the catheter—that the good effects produced by the work are antagonized by the irritation to the prostrate. I have made the perineal incision into the bladder through the prostate gland for drainage in cystitis nineteen times with good, immediate

results. I found in almost every case, the perineal fistula closed, before the pathological conditions within the bladder were controlled; and when I attempted to keep the perineal fistula open by passing a sound or perineal plug, my efforts to relieve would be met with increased irritation of the prostate and neck of the bladder. By reason of the epicystic fistula, I have observed that any amount of cathertization through the fistula produced no increased irritation, and gives a much better opening for the outflowing urine and washing out the bladder at will. The bladder may be washed out by means of a double tube introduced into the epicystic surgical fistula, or by introducing the water into the bladder per urethra and out through the fistula without instrumental disturbance to the prostate. My experience alone confirms my opinion of the great advantages of the epicystic surgical fistula, and in no other way.

Accurate observation of my patients has led me to the conclusion that medication does but little good and is, at best, exceptional paliation.

COMPLICATIONS OF DISEASES.

BY HOWELL BECKHAM GWIN, M. D., DECATUR, ALA.

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Addressing especially my younger brethren in the medical profession, my purpose is to briefly insist upon the early, thorough, and habitual study of the complications of diseases. Confronting and perplexing us so frequently, they are to us, as to a traveler "the hill-difficulty," and to the geometrician "the Pons Asinorum."

"A complication, in medicine, means the presence of several diseases, or of several adventitious circumstances foreign to the primary disease."—Dunglison. They must be distinguished from sequellæ which are "morbid phenomena left as the result of a disease"—though a sequel may lead to a complication, as the perforation of the intestine in typhoid fever gives rise to peritonitis. To distinguish a complication from an essential part of the disease requires the most exact diagnosis e. g., chronic catarrhal gastritis is less a complication than a part of gastric cancer. In some diseases it is a difficult matter to dissociate the complications from the sequellæ, as in measles where the sequellæ may be looked upon as the complications which have continued after the subsidence of the exanthem; but it is customary to include under sequellæ certain affections that are the result of the derangement of the system by the morbillous process. Complications of measles consist, as a rule, in the exaggerated morbid action of organs or parts that are essentially implicated in the disease; therefore, we are apt to encounter such affections as laryngitis, bronchitis, pneumonia, etc. The most common accompaniment of a disease will soon be anticipated and treated as laryngitis with measles, and peri-

tonitis with typhoid fever and inflammatory lung-trouble with from five to ten per cent. of influenza cases. But when not so common or arising in a remote region it requires the most thorough diganosis and the most skillful therapeutics. When studying a case complications should always be within our perspective. For example, pancreatic disease is often accompanied by jaundice, and as pancreatic disease is often at the bottom of diabetes, it will account for the jaundice, while the presence of the jaundice may also suggest a pancreatic diabetes. Some complications may have a very obscure clinical history, as pneumonia with gastric cancer. A disease may appear at different stages in the progress of the primary disease, and may sometimes be overlooked, as lobular pneumonia in typhoid fever; the heart's action may be so weakened in typhoid fever that venous thrombosis may be the result. Certain complications may be very rare, as peritonitis found by Dr. Howard once as a complication of acute rheumatism.

Dsraeli has said, "it is the unexpected which happens." The effects of chloroform upon some constitutions may surprise and often alarm us. The outburst of a latent or hereditary affection or taint, or the lesion of some weak organ or tissue may seriously complicate the disease and disturb its treatment. The diagnostician must thread every fact, and, deducing a true theory, must proceed with a slow or rapid, but always with a firm step. If the morbid organism illustrates the maxim, "in union there is strength," the physician, too, must do the same with his remedies. All his powers of observation and reasoning, and all his scientific resources, must be brought into vigorous exercise, in search of any appreciable lesion which may increase danger to the patient, or difficulty to the practitioner.

We are apt, if not sure, to meet with complications where diseases have a wide range of symptoms, where, febrile in nature they have a remarkable course of temperature, when specific poisons affect the patient, as before or immediately after child-birth, when a common cause like malaria attacks several organs simultaneously or successively. Of this we may usually

be assured, that we will rarely find the case in the body to correspond in every respect with the case in the books. As nothing has so contributed to the advancement of knowledge as comparative science, comparative anatomy, comparative biology, comparative grammar, etc., so nothing will so surely make a true and successful physician as comparative study of complicated diseases, and their co-ordinated treatment, and hence his accurate differential diganosis will often prove the key to his action.

It must be assumed, I think, that even a slight complication makes the prognosis less favorable. To nip this in the bud, to hold it in check, to control it in its *pari passu* course or in its closer alliance with the primary disease, this reveals one's having "risen to the height of the great argument and of the greater responsibility." Complications that make the prognosis unfavorable, as visceral complications with gout, will awaken the deepest concern, and put our skill to the utmost test.

As complications may sometimes mask themselves as sequellæ, so sequellæ may sometimes mask themselves as complications; for instance, intense bronchitis occurring in severe forms of influenza are not strictly speaking complications, but an essential process of the disease, while capillary bronchitis is a complication. The symptoms of the complications often attach themselves to the original disease, thus obscuring them. Causal conditions deserve profound consideration, as when attacks of recurrent, remittent, or intermittent fever arise from malarial influence to which intestinal catarrh is due. Lead-poisoning, malaria, and wrong or insufficient diet may cause both dysentery and paralysis. Constipation may be either a symptom or a primary affection. Constipation is almost a universal accompaniment of dyspepsia, sustaining to it not infrequently a causative relation. The circulatory and nervous systems, so intimately related to some affections, are often impressed independently by a common cause, so as to produce perplexing or dangerous complications. Even a natural condition, like pregnancy, often proves a serious complication.

The question of treatment—ah, here our objective work begins. To define the limits between health and disease, between cause and effect, is very difficult, aye, often eludes our capacity. When a complication occurs, the treatment appropriate to the idiopathic disease is first suggested, and of course should be well in hand. Standing ready with as full knowledge as possible of the patient's constitution, we are to study all that pertains to the wise administration of remedies, their compatibility or non-compatibility, their simplicity, and the availability of a common remedy to reach a common cause. In some cases no direct remedy beyond simple alleviation need be used, as with rheumatic symptoms in scarlet fever, requiring a simple liniment composed of carbolic acid, tinct. of belladonna and camphor. If internal medicine be indicated, then, in the face of the above suggested problems, while striving to harmonize all the morbid phenomena, our duty is to strive to harmonize our complex treatment. A consideration of certain correlated morbid conditions justifies the inference that they have a common origin, as in cases of gout pointing to a perverted nutrition, and this in turn suggests the treatment. Here I cannot be specific.

My object in this article is gained if young physicians would value more truly the importance of this theme and make it a prime study. It is so generic that its appreciation will lead us to the more thorough study of single diseases, and so practical that we shall through life find constant use for the fruits of our knowledge, as they relate both to separate and allied diseases.

SEPTICÆMIA; IMPORTANCE OF EARLY DIAGNOSIS.

BY JOHN POPE STEWART, OF ATTALLA,

Member of the Medical Association of the State of Alabama.

This fever differs from any other symptomatically and pathologically; it stands alone in cause and effect; there is no use to confound it with other fevers, its symptoms are so peculiarly its own—and yet it is so confounded. There are a great many more deaths from septic fever throughout the country than are shown by the certificates sent up. Over four-fifths of the deaths from parturition is due to septicæmia, though thought to be, and is so called, puerperal and peritoneal fevers. Nearly all those who die of wounds, that is, if they recover from the shock, die of septicæmia.

Burns, scalds, bruises and other injuries can be added to this list. I have seen cases where salivation had caused sepsis, a knife wound, a mashed finger, a stumped toe, and last, but by no means least, because through it I have lost a dear friend, and that has caused this paper to have been written, the pulling of a tooth.

The first question to settle is the difference between septicæmia and pyæmia. I make none; there are the two, so called, but they are always coupled together. Some authors give differential symptoms, but I could never get them so arranged as to tell what I had before me, septicæmia or pyæmia, and as the cause and effect are the same, and the treatment identical, I never have but one disease which, to the profession, I call septicæmia, and to the laity blood poison. We are not sufficiently well informed as to the etiology of either disease if there are two, to justify the drawing of a

line of distinction between them, therefore why try to do so? Others may succeed, but I treat both as one, and while I write of septicæmia, I write of traumatic fever and pyæmia as well. Septicæmia literally is blood poison caused by traumatic injury of greater or less extent, at least in the majority of cases, but some writers claim that septic fever can be set up by spontaneous formation of pus in the blood without traumatism, calling such cases "purulent diathesis." But to this theory I do not attach belief, because it is not substantiated except by post-mortem examinations, which show abscess formations in the lungs, liver, etc., that might have been the cause, instead of the effect of the disease, with the exception perhaps of hectic fever in phthisis, cancers and internal abscesses, all of which I class as septic. I have never seen septicæmia where there had been no injury; yet, in regard to the prevalent diathesis, I will say that I believe, and in fact have seen cases where I thought the patient was easily poisoned from an injury, owing to an impoverished condition of the blood.

This is as far as my idea of purulent diathesis goes. Most of the experiments that have been made to elucidate the nature of septicæmia, by Panum, Virchow and others, go to show that it is due to infection with some poison contained in putrefying matter or substances. Since Pasteur has rendered it probable that the ferment of decomposition either consists of, or is generated by bacteria, much labor has been expended to determine whether the poisonous principle in experimental septicæmia is a chemical substance dissolved in decomposed fluids or living germs. According to Panum, however, it is a chemical substance which he claims to have extracted and isolated, to which he has given the name of sepsin. Panum, however, admits that this poisonous material is produced by bacteria, yet he does not regard the bacteriæ as the active agents of infection.

Be this as it may, we always find in the pus of suppurating wounds micrococci in large numbers, and it is maintained by the great Lister that, while the products of the growth of certain bacteria act locally on a wound, giving rise to inflamma-

tion and suppuration, it affects at the same time the general system, giving rise to traumatic fever and septic intoxication.

This is yet a mooted question. Accepting the germ theory, are these minute organisms ever present in the healthy living body, and must they inevitably lead to septic decomposition when present? Innumerable experiments, however, go to show that normal blood and tissue do not contain, nor even favor the development of these germs. The greatest proof of this we owe to Chanveau, in his operation of "Bistourage." This is performed by rupturing the spermatic cord, sub-cutaneously by tortion; the testicle is thus cut off from its source of nutrition and therefore dies. Being in a closed sack (the tunica vaginalis), it is protected from the air, and as a fact it atrophies. Now, if the blood contained the putrifactive germs, it would break down and suppurate. This it does not do, but simply disappears by absorption.

To prove that the germs come from external sources, Chanveau injects into the blood of rams septic organisms, and then performs "bistourage." The result was, that the testicle broke down and suppurated. And to prove that it was bacteria that caused the putrifaction, he filtered the fluid and then injected it, but had no similar result; and to prove that it was the result of traumatism, he injected two rams and performed bistourage on one only, and that one alone suffered putrifaction of the testicle.

So, we have two theories as to how the septic poison is developed in the body—both verified by a host of learned men—one side headed by the great Lister, and the other by Panum; but whether we accept the one or the other, matters not materially; it is a serious disease, and so often fatal, therefore should be guarded against with every precaution; and I am glad to see that the profession are generally alive to the importance of antiseptic methods in everything. It is when we have a case of septicæmia of obscure origin comes the greatest importance of an early diagnosis; and in all injuries, no matter how slight, we should ever be on the alert for this fever.

Antisepsis has reached such a high state of perfection that

surgical operations however grave, and almost impossible, are done now by amateurs with as much success as great operators; and the method is so simple and cheap, and the results so satisfactory, that it should be accounted criminal to practice without it. In this case, the ounce of preventive is worth far more than the pound of cure.

Septicæmia is invariably ushered in by a chill, a peculiar convulsive rigor; the patient complains of being cold only a moment or two before he or she will be shuddering with rigors. In this it differs from malaria; in a malarial chill the patient feels pains in the back and head and through all the joints; has a creepy feeling up the spine, stretches and gapes for a considerable time ere the chill comes on; so it can not be confounded with malaria. After the chill there is, as a rule, a continuous, usually high fever without distinct type; the skin is dry and hot at times, and then there may be again profuse perspiration, with hot or cold skin; or again, the skin may be cool and no sweating. The condition of the skin, therefore, is no guide; there is usually a yellowish hue of the skin, but not invariably, and the icterus is never great or intense; the pulse is small, frequent and constant; the tongue and lips are dry, the urine is scanty and high colored, and may contain albumen, the bowels may be costive or an uncontrollable diarrhœa may exist, the patient may be apathetic and sleepy or wakeful and restless. The chills recur. The foregoing symptoms exaggerate; the face assumes a peculiar emaciated look, a certain cadaverous expression that I have never seen in any other disease, except in one who died of starvation; the temperature runs very high, from 102 to 107; the pulse is a bare thread, the respiration is quick and shallow, delirium sets in about the fourth or fifth day, and lasts till the patient becomes comatose and dies with a thread-like pulse, h'gh temperature and labored respiration. This outlines the symptoms that I have seen in several cases. There is generally affection of the lungs, the patient complains of pain, which is soon followed by a cough and the spitting up of a frothy sputa that consists of muco-purulent matter mixed with blood, showing inflammation and suppuration in the lung tissue with probable abscess formation.

The symptoms of importance, and those that are invariably present, are the introductory chill, the facial expression, and the pulse; and as they are of such great importance, I will recall your attention to them. The chill comes on suddenly, a convulsive shudder that may last from five to forty minutes; it may be sometimes so short and slight as to be overlooked, but I have never found it lacking. The facial expression I can hardly describe; it is a distressed, death-like look; an expression peculiar to this fever alone, and has more the look of a person that, when you see them, you don't know why, but you feel that that man is going to die. This expression is constant, and comes early in the disease, even in those who recover. The pulse is always thready and fast, running from one hundred and twenty to one hundred and eighty per minute, hardly thick enough to count; the temperature varies.

If you will indulge me, I will now give three cases of this disease, each differing from the other in origin and general symptoms; one treated successfully, one unsuccessfully, the other not treated at all.

Case 1. Mrs. S., aged 22, multipera. Two children living, three dead. Counting the case in which I was called, the three dead were all prematurely born about the beginning of the seventh month, living only an hour or so. In this, the third and last case to which I was called, the placenta was retained, being closely adherent, so that it was impossible to break it up and bring it away whole. I waited ten hours, tried again and failed; so, taking the lesser of two evils, I tore it up and brought it away by bits until I could get no more. Taking a Davidson syringe, I attached a silver male catheter to it, irrigated the womb with warm carbolized water, gave a quieting dose and left.

Next day, on my return, she said she felt well enough. I ordered a dose of castor oil for her bowels, and again washed out the womb; gave another dose of morphine and left. The next day she complained of the horrible odor and an uneasy feeling in and about the womb. I gave her a little quinine with the morphine, and washed the uterine cavity out thor-

oughly. I was sent for in the night, saying she had had a chill. I went immediately; found her suffering intense agony. I gave her a hypodermic of morphine first thing; examined, found the pulse fast and thready, the temperature 105 F., the facial expression *septic*. I washed the womb, and as before shreds of foul, decomposing placenta would be washed away. I gave her digitalis and whisky and left. Next day, temperature same, pulse a little better, facial expression as before. I gave antipyrine, quinine, digitalis, whisky, veratrum, etc.; washed the womb out regularly; easing pain with morphine, promoting sleep with bromides and chloral for five consecutive days without effect. On the 6th day the pulse ran up to 107; patient began to have a more deathly look. I took some bichloride of mercury from my pocket case, sprinkling a good lot in a bowl of hot water and irrigated the womb with it. Next day she had no fever at all, nor had she any more. I continued with the corrosive subl. solution. The day following (the 8th) she had considerable uterine pain, which opiates would not ease. I then blew about ½ oz. of iodoform into the uterine cavity, which eased her in a few minutes, and that was my last treatment. She fully recovered. Throughout this attack the appetite was fair, the bowels regular, the skin dry and hot, no icterus, the urine scanty, but not very high colored, thirst not great; there was no delirium and no apathy; respiration normal.

Case 2.—Boy, aged 17, of a consumptive family; right leg was broken by an ore car, great laceration of the soft parts, bone laid bare for six or eight inches, some flesh gone. I insisted on immediate amputation. Parents and patient both objected. I then dressed it, using thorough antiseptic precaution. Suppuration and pus formation set in early second day; great quantities of pus were discharged. On third day patient had a chill, followed with a thread-like pulse and high fever. Amputated 5th day, just below the knee. Operation was conducted with every precaution. Patient came out of anæsthesia all right. The 6th day he died of septicæmia. In this case there was a diarrhœa, a cough with muco purulnet sputa, a cool

skin, no perspiration, urine normal, respiration quick and shallow, facial expression the most deathly I ever saw.

Case No. 3.—A. H., aged 28. This being the case that has caused me to write this paper, I must beg pardon for the time I shall take in its description. In January last (17th) the patient came in my office complaining of a terrible neuralgia of the jaw and face, stating that he had been to a dentist to have a tooth extracted. It was the wisdom tooth, right side, lower jaw. The dentist in extracting the tooth broke it off. Patient insisted that the root be taken out. Attempt was made to do so; a great many instruments were used, and violent efforts made. The gums were badly lacerated and torn, the alveolar process broken, and jaw bone bruised, no doubt. The root remained. I prescribed an acid solution of quinine and morphine. The next day (Friday) he was able to be out and down town; had his jaw tied up; said it bothered him a little, felt bad and feverish; asked me for a purgative. I gave him a dose of calomel to take at bed-time, and told him to follow it with quinine next morning. He remained at home, next day was able to be up, but not out; jaw still hurt some, had to keep up the quinine and morphine. I examined his jaw, saw that it was greatly inflamed, involving the tonsils and throat. I gave a gargle of Listerine glycerine and hydrastis canadensis, and, as his tongue was coated I repeated the calomel and directed him to take quinine next morning (as there was febrile movement 10 grain doses at intervals of two hours until three doses were taken.) He had a cold stage that night and next day (Sunday) his symptoms were a grade worse; fever, however, not very high; pain in the jaw still persisted. I gave him antipyrine through the day and directed quinine again for the next morning until fifty grains were taken. I gave no more purgatives, as my calomel had acted nicely. Monday evening, 21st, 5th day after the tooth had been pulled at, he had a regular rigor, at four o'clock; it came on suddenly lasting thirty or forty minutes and resembled greatly, convulsions. I happened to be with him, and had every opportunity to see and know the character of the chill. Up to this time I had

not dreamed of septic poison, but this chill, coming on as it did, and following it, a temperature that quickly run up to 104, with a rapid thready pulse, I told his mother my opinion. She immediately desired consultation, and Drs. E. and W. of Gadsden were sent for. They examined; we consulted and agreed to disagree. E. and W. diagnosed malaria, to which I disagreed. Dr. E. suggested more calomel with opium and Dover's powders, to which Dr. W. disagreed. So we informed the family, and Dr. E. was retained. Being a personal friend of the family, I continued to visit the patient as such *only*, and seeing the treatment. This was a great trial to me, for I was as certain that he would die as I was that my diagnosis was correct. I watched the symptoms throughout. Rigor would follow rigor at intervals of 24 to 36 hours; the pulse continued weak and thready, the temperature would vary 102 to 105½, the bowels persisted inactive, the urine was scanty, high colored and albuminous, the skin cool and bathed in sweat; the affected jaw was greatly swollen, as was the throat and muscles of the neck; an abscess pointed upon the external surface just below the seat of trouble; the pain about the injured tooth was a source of constant complaint; the facial expression *septic*. For five days these symptoms run on unabated. I could see the great emaciation of the face and neck grow greater day by day; the peculiar facial expression grew more marked hour by hour, and the mind became delirious, and more delirious as time rolled by; he ate nothing, slept none, rolled and tossed day and night without opiates or stimulants.

On the 6th day (Saturday) his mother asked me what I thought of him. I told her that he would die. She telegraphed for Dr. Todd of Atlanta, Ga. That night coma set in and I thought he was gone; however, he rallied and lived long enough for Dr. Todd to see him and confirm my diagnosis. On Sunday the 27th, at 3 o'clock, he became comatose, and died at 9 P. M. There was no post-mortem. Whether the septic poison in this case resulted from an abscess at the root of that tooth, or whether the instruments of the dentist held the deadly toxic, will ever remain a mystery; but that he died of

septicæmia there can be no doubt, and how well it might have been for him if Dr. E. could have recognized it in time; because to cure one of this disease at all, one must know what they are fighting at the outset; for the treatment must be thoroughly antiseptic and stimulating, and of course one would not use antiseptics if they had not realized the trouble. Hence, the importance of early diagnosis.

After reading the works of the great Lister, and the statistical results from the profession on antiseptic surgery, antiseptic dentistry and antiseptic midwifery, I feel like calling that man in error who will practice otherwise. The risk is so little on the one hand and so great on the other, that it would seem that every doctor would take it up; but to-day you will find physicians that will go whacking and slashing along, hit or miss, and not *bother* with antiseptics.

I will here lay down a few rules that I have adopted, which will be beneficial to those who have no better ones.

In case of an operation, I lay out all the instruments I intend to use, sponges, thread, &c. I dip my instruments into a sol. of carbolic acid, 1 to 20, and wash my hands and sponges in a sol. of hydrg. bichlo., 1 to 1500; my thread I get already prepared; I wax it, however, with carbolized wax. I then work from beginning to end under a spray of listerine, thrown by an assistant, through one of Beall & Co.'s atomizers, on to the parts under the operation. After the operation, I having dressed the wound antiseptically, I wash my instruments perfectly clean, dip them in alcohol and hold them over a spirit lamp, burning away anything that might have adhered to their surface. They are then ready to be put away.

In dressing a wound, I use either the iodoform gauze or cloths dipped in a sol. of bichlo. hydrg. in glycerine. I prepare these myself, following Dr. J. Lister's method. I get me a lot of clean rags, which are as good or better than wool or absorbent cotton, cut them in squares of two, four, six, eight and ten inches, and dip them in my sol. which I make as follows: bichlo. hydrg. 1 part, glycerine 4 parts, water 200 parts;

dissolve the bichlo. in the glycerine, and add the water After dipping the rags in this solution I hang them up to dry, and they are ready for use.

For the gauze I use absorbent cotton, with the following formula:

℞—Iodoform, one ounce; sulphuric ether, six ounces; acohol, one pint—mix.

In this solution I dip the cotton, one ounce at a time, and wring loosely and lay aside to dry, and continuing thus until all of the solution is utilized.

The proper method of dressing wounds, such as those left after operations in the mouth, throat, rectum, vagina, etc., is with this iodoform gauze; care should be taken that it be snugly packed into all the corners of the wound, filling as near as possible all pouches and sinuses. Thus packed, it can be left six or eight days; it is non-irritating and keeps a wound thoroughly antiseptic, no matter how much saliva, pus, urine or fæces may pass over it.

By following this plan of operation and this method of surgical dressing, I have no fears of septicæmia; for having adopted some similar method in all my cases, my patients have thus far escaped this dread disease.

In cases of labor I adopt antiseptic measures as follows: I always carry in my obstetrical case a bottle of carbolic acid, sol. of bichlo. in glycerine, ergot, chloroform, and carbolized oil, two large bath sponges already prepared, a piece of carbolic soap, my forceps and other instruments. I first call for a basin of warm water; to this I add a little of my sol. bichlo., wash my hands well, using the carbolic soap and a nail brush, then soaping my hands well with my own soap, which is the best lubricator I know, I make my examination early. I ascertain if my patient's bed and clothing are clean; if the bowels have not moved in some time, and I have time, I give an enema of soap-suds. I now make a fresh solution of bichlo. with rain water, and taking a bath sponge I bathe the vulva and surrounding parts, taking care to clean the hairs. I now see that the clothing is well up towards the shoulders out of the way; hav-

ing my right hand well soaped, I use it in examinations and pressure on the perinæum, my left hand on the abdomen to assist the bearing down efforts. When I rupture the bag of waters or they break of themselves, I am ready with my sponges to catch all the discharge I can. After the child is born and removed, I sponge away all the blood and water; then, after delivering the after-birth, I sponge again—this time thoroughly, removing the cloths beneath my patient and bringing her clothes down. I now grease her well with the carbol. oil, put a guard of absorbent cotton over the vulva, and I am done.

Since I have adopted this plan I have had no septic nor puerperal fevers. But if, after all these precautions, septicæmia should come on, I would advise irrigation of the uterine cavity with a solution of hydrg. bichlo., 1 to 2000, or stronger, owing to the amount of retained placenta and secondines.

In dentistry, that is such dentistry as we doctors in small towns and the country have to practice, we should use still greater precaution; for the mucus lining of the mouth is very vascular and poison is very quickly absorbed, and when there is a solution of continuity, how much quicker? A friend of mine told me the other day that he inoculated a man with syphilis by pulling a tooth twenty or thirty minutes after he had pulled one for a man who had the disease, by using the same instrument. Other poisons can be and are transmitted into the system in the same manner; so, it is exceedingly important that antiseptic precautions be observed in pulling a tooth. The method I have adopted is simple, yet perfect. I hit my lancet a lick or two over an oil-stone greased with carbol. oil, wipe it, dip in alcohol and hold over a spirit-lamp a moment, and cut around the affected tooth. I then dip my forceps in the alcohol and hold them a little longer in the flame to warm them as well as disinfect them, as warm forceps hurt less than cold; and after the operation I of course wash both lancet and forceps clean before putting them away. I then give my patient listerine as a mouth wash; and following this plan I feel no uneasiness but what that patient will do well, no matter how ugly an abscess may be at the root of the

tooth or how violent the methods I have to adopt to get the tooth out.

These are the prophylactic measures. Treatment proper for this disease, after all preventive measures have failed, or in cases of septicæmia where you are called after the trouble has begun, is to support the patients strength, stimulants and nutritious diet are indicated; as a stimulant I use alcohol, in the form of whisky, brandy and wine, and I give it in large quantities like I would in snake-bites. Quinine digitalis and opiates are also beneficial, the first to control the fever and convulsions, the second to control the hearts action and the pulse, the latter to ease pain and give rest. Mercuric bichoride is also indicated with a view to its germicidal effect constitutionally, for if this poison is produced by living germs infecting the curculatory fluid, which we have every reason to believe, why should we not give the germicide internally, as well as apply it locally, to arrest the poison? I do, and where the symptoms have become alarming, I would advise the bichloride given hypodermically in from one-sixteenth to one-eighth grain doses, at intervals of say from three to five hours. This can be safely done in a solution of one to five hundred water, without any trouble locally at point of insertion. For diet I would prescribe milk, milk punch, milk shakes, eggs, soft boiled, egg nog, chicken broth, beef tea, oat meal parridge, wild game, fowls and coffee.

Bromide and iodide potash I have found beneficial, the first to relieve the brain and quiet the nervous excitement, the latter as an absorbent.

For local treatment at point of infection, the antiseptic methods already described should be redoubled, turn out the pus, remove diseased bone and flesh, if any, and thoroughly cleanse and disinfect and guard against further invasion of the toxic agents.

As to the pathology of this disease, I have never had the opportunity to investigate, having never been at nor conducted a post-mortem examination in septicæmia, so what I might say in regard to the appearance of the different parts of the human

organism, the blood and other fluids, would simply be a recapitulation of what the books say, with which no doubt you are all familiar. Yet to make a finish of my subject, which I hope has given some entertainment, I will briefly as possible mention some of the post-mortem appearances as given by Billroth, to whom we owe no little, as he devotes pages to this subject, in his work on pathological surgery.

"On autopsy," he says, "you find nothing pathological in the skull, heart and pericardium, normal in the right auricle and ventricle, a firmly coagulated white fibrinous clot, both pleural cavities are filled with a cloudy serous fluid, the surface of the lungs are covered with jaundiced layer of net like fibrin, removing this we find just beneath the surface of the lung, and especially in the lower tubes, a lot of fine nodules, the size of a chestnut, bisecting them; they are discovered to be abscesses, at least the greater number; a few are blood red, somewhat granular, and in their midst spots of pus varying in size, some of these lie so near the surface they implicate the pleura, and pluritis is secondary.

The liver is very vascular and friable and filled with abscesses like those of the lungs, especially if the injury is one of the head, the spleen is somewhat enlarged and one section shows firm wedge shaped nodules, pointing inward, their broad ends being at or near the surface, these nodules are found to be partly broken down with pus.

The intestines are usually normal. Abscesses are found in the kidneys and articulations.

In the blood of the veins pus is found and in more or less quantity in nearly all the parts of the body.

These are the principle pathological features as laid down by Billroth, as you see they are separate and distinct from the pathology of any other diseases, and show undoubtedly that the circulation of pus in the blood absorbed from wounds as pus, or as bacteria that quickly change to pus, causes general infection of the whole system, and sets up this dread disease.

OVARIAN TUMORS.

BY M. J. THOMPSON, OF MERIDIAN, MISS.

I desire to present to you, for your inspection, a variety of ovarian tumors, which will doubtless interest you. The study of this class of tumors is comparatively recent, and at present is attracting more of the attention of the surgeon and gynecologist than any other morbid condition of the human body that is remediable by surgical measures, and the successes of Tait, Hewitt, Wiley, Thomas, Polk and many others, in this particular branch of surgery, has elevated the operation to the first rank among surgical operations.

The first of these specimens is an ovarian polycist, some of which are as yet unruptured. You will observe that it is a perfect cyst. The most interesting of its history is that it was taken from a pure negress. Many gynecologists, among whom was the famous Atlee, claim that a pure negress can never have a pure cystic tumor of the ovary, but that all tumors in that class of our population are necessarily either fibroid or fibro-myomatous in their character. I am satisfied that this is a mistaken idea. The cyst was removed by my partner, Dr. W. F. Hyer, formerly of Holly Springs, Miss. The next pair of tumors that I show you were removed by myself on the nineteenth of last month, with a perfect recovery. You will notice that they are perfect fibroids the largest, somewhat kidney shaped, and weighing about two pounds, the smallest about two ounces. In this case the menstruation was regular in point of time, very profuse, painful, and lasting from six to ten days. The pedicle was broad, thick and short, so vascular that the hemorrhage could not be controlled by silk ligature, and we were compelled to controle the hemorrhage with the elastic ligature, fixing the stump in the lower part of the incision.

The third specimen is a pair of tumors removed from a woman on account of continuous pain at all times, but agonizing during the menstrual period. You will notice that the larger one is a perfect cyst, and that a portion of the smaller had become cystic and was undergoing the process of degeneration. This latter operation you will find about the biggest operation you ever attempted when you try it on, provided firm adhesives have fastened it to the posterior surface of the broad ligament. It is not necessary to describe the details of these operations as they are found in all works on surgical gynecology, but they are presented only as objects which may perhaps interest you.

ASCITES.

BY CHARLES WHELAN M. D., OF BIRMINGHAM.

Junior Counsellor of the Medical Association of the State of Alabama.

The limited time allotted me between the request of our president that I should prepare a volunteer paper, for the present meeting of the association, and my resolution of fulfilment, prevents me from doing more than offering for your consideration, an anomalous case of ascites occurring in my practice.

I purpose, then, to make this paper as brief as it is possible, consistent with the objects of inquiry, and I trust that it may invite such discussion as the importance of the subject demands.

The questions which chiefly concern me in my case are: 1st, on what cause was the dropsy dependent; 2d, have we scientific methods sufficiently correct, approximately, to determine in all cases, and 3d, if not, is laparotomy ever justifiable and under what circumstances? Before I pass in review the several questions involved, I will briefly introduce the patient, with such antecedent history as I obtained from her own lips.

In the month of September, 1888, I was summoned professionally to prescribe for Miss L., a young lady in her 19th year. I found her with every indication of good health, cheeks carnation glow, nutrition perfect, and with no symptom that she was a victim of organic disease. The pulse, however, was accelerated and the breathing quickened, which were not dependent, as the sequel will show, either on lung or heart complication, but purely the effect of pressure.

I did not at this visit make an accurate examination, as it was disclosed during the conversation that she had been for three or four months before, an inmate of the infirmary of a

distinguished specialist in a distant state. I, therefore, preferred to correspond with him before expressing an opinion.

I accordingly addressed him a letter of inquiry, from which I elicited the following history of his connection with the case:

NOVEMBER 19TH, 1888.

Dr. Charles Whelan, Birmingham, Alabama:

DEAR DOCTOR: Your letter is received. I found in the case of Miss L. some endometritis, for which I made application. I did not find any heart disease. The enlargement of the abdomen, I think, is gaseous and hysterical.

The amenorrhœa, seems to me, due to atony of the ovaries, and I would suggest to you, what I did not try in her case, electricity. This seems to me a very promising resource now."

It is proper I should state here, that six months intervened between the time she left his infirmary and became my patient; yet it would seem from the doctor's letter, that her abdomen was abnormal when he saw her, a fact patent to the young lady herself, as she informed me; but she placed no emphasis on it during her residence there, and never alluded to it, to the doctor.

I make this explanation in courtesy to the justly distinguished position of a distant specialist, and suggest the probability, that when he saw her, there was no accumulation, and that she required only such treatment as he addressed. Pardon this digression. A second but more accurate examination of her history and symptoms, revealed the fact that she had been irregular in her menstrual function from its establishment; the discharges, however, were unaccompanied by pain, but scant, and light colored, and further that she had passed four years in its history with complete suppression, and has not from this date menstruated in two years.

No monthly constitutional disturbance or other reminders occurred in the history of this function to emphasize the fact that one of nature's laws in the life of every normal woman was being disregarded. The closest scrutiny for vicarious hemorrhages, were answered in the negative, and I was thus left to my own resources to answer an anxious patient and solicitous parent, "what can the matter be?" I proceeded now

to subject my patient to the recognized methods known to our art to ascertain as far as possible to what the enlargement of her abdomen might be due.

For differential points of diagnosis, I carefully interrogated her, 1st, as to retained menstrual fluid, 2d, ovarium cyst proper or extra, 3d, ascites, dependent on cirrrhosis, 4th, effusions due to heart, spleen and kidneys, 5th, extra peritonial dropsy as described by Gross, 6th, those occurring as result of peritonitis, whether acute or chronic, cancerous or tuberculous, and independent of obstructive causes. Through this method of exclusion I narrowed the investigation to that of a diagnosis between ovarian dropsy and ascites dependent on cirrhosis.

The differential points emphasized by our writers for purposes of clinical distinction, were not to my mind sufficiently clear for a positive opinion.

As I before remarked, the nutrition of my patient, the absence of the characteristic facies ovarina, together with the objective signs, satisfied me that it was not a case of ovarian dropsy; and yet when I percussed over the *right ovarian* region, there was a considerable area of dullness, with the patient on the *left side.*

The extreme distension of the abdomen with the fluid, obscured the boundaries of the liver, so that if I had been an expert physical diagnostician, I was prevented from ascertaining the question of ascites dependent on cirrhosis.

From prudential considerations I refrained from aspirating the abdomen, remembering the teaching of Goodell and others, that even the thrust of a hyperdermic needle in an ovarian cyst for purpose of diagnosis, might produce peritonitis and death.

It here occurred to me, that the Southern Gynecological Association would meet in Birmingham early in December, when I believed that whatever doubts remained with me surely would be adjusted by some specialist in that body.

I communicated with my patient, overruling her importunate demands of me for an opinion, until that auspicious occasion. I accordingly visited that body and inquired for one of its most distinguished members, and was introduced to one of the visiting number from the State of Kentucky.

I explained my difficulty, read the published letter to him quoted in this paper, gave him my own views of the case, and begged that he would equip himself with the numerous implements of modern gynecological warfare, and proceed to her chamber.

He courteously acceeded to my wishes, remained over an hour, examined her with the greatest particularity digitally and with speculum, propounding every question necessary for purposes of ascertaining the history of her case.

I sat patiently by, and after he had finished, I asked him if he had satisfactorially to his own mind, arrived at a diagnosis, that he would oblige me by introducing a sound into the womb, and a trocar into the abdomen, both of which he declined.

He was summoned home that night by telegram, and I was still in doubt.

The next day, determined to exhaust the further talent of that distinguished body, I requested Drs. Hardon and Bizzell, of Atlanta, to visit her with me, who concurred in my opinion that the containing fluid was in the peritonæum, independent of ovarian cysts. With this opinion, a trocar was introduced, and over two gallons of ascitic fluid was drawn from her abdomen, with greatly relief to her respiration and circulation.

It was now possible to interrogate the liver, ovaries and abdominal viscera; but these gentlemen, like myself, could assign no satisfactory, pathological reason for cause and effect.

At their request I sent the fluid by express to Atlanta which they examined chemically and microscopically, showing the absence of Dnysdale's cell, frequently present in cystic degeneration of the ovaries, but an abundance of albumen characteristic always of ascites.

She represented that she felt better than she had for the last two years, remained in bed only one day, her breathing and pulse became normal, she went about wherever and whenever she pleased without embarrassment.

I prescribed, tentatively, the old pill of blue mass, digitalis and squills, with hydragogue cathartics, until I became con-

vinced that I was draining her system, without any corresponding good to my patient.

I therefore concluded, with the lights before me, that it was the purest empiricism to be daily drugging a woman, the very picture of good health; and I at once made up my mind to rely exclusively on paracentesis, which since December the 3d has been done five times, with no diminution of recurring quantity of fluid, or so far as I can determine, with either sensible effect on her constitution, or with any promise that the tapping will ultimately relieve her. I have relied, as I before remarked, on paracentesis, purely in an empirical way, as I have been unable to trace the dropsy in this case to its causative morbid condition.

I have searched the literature of this subject through the pages of every reliable standard authority to justify me in the hope, that my case might not belong to none of those rare ones, where the hydroperitoneum might occur as a functional affection.

In support of this bare hope, I find in Ziemssen's Encyclopædia, vol. 8, in discussing ascites, the following language: "Formerly, in addition to these secondary effusions into the abdominal cavity, the existence of an idiopathic ascites was believed in, and even nowadays the possibility of such an occurrence is upheld by many observers."

That such an idea is not purely chimerical, in forty-six cases (I quote from Flint, and analyzed by him), in one case only was the history consistent with the supposition that the affection was purely functional.

I can now remember one case in my own practice, and in conversations with our local physicians, they cite other cases, in which the operation was resorted to alone, with permanent relief to the patient only after several tappings.

I then must admit that I am fostering rather a forlorn hope, that either tapping or hydragogue cathartics will ultimately benefit my patient; but with the objective and subjective symptoms I am quite confident in the assertion, that between a choice of remedies, paracentesis offers the speediest method

of temporary relief, and with the least danger of depressing the vital powers.

Flint emphasizes this idea in very forcible language, when he says, owing to the disturbance and prostration caused by prolonged use of hydragogues, they are liable to do harm, and should not enter largely into the treatment.

Little dependence, he further says, is to be placed on diuretics, but recommends them in a negative way, as they do not cause so much disorder or prostration.

In the Year Book of Treatment of 1889, Dr. Duckworth writes: "It seems highly unscientific (and I most cordially endorse the writer), to attempt to remove large quantities of ascitic fluid by purgatives and diuretics, when so ready and rapid a means of evacuation are at hand in the form of paracentesis."

It is to be remembered, that the circulation in the intestines and kidneys is already much interfered with by the pressure of the fluid, and yet these organs are often called upon by the physician to do extra work in their disabled state.

It would then seem, from all the evidence, that whether a diagnosis be made or not, tapping offers the most favorable temporary relief for the patient, even in organic forms of the disease. But let us briefly recur to the propositions laid down for discussion at the outset of this paper, and dispose of them in their order.

As to the first, on what cause is the dropsy dependent? I must answer that I am in cimmerian darkness.

Second: Have we scientific methods, sufficiently correct even approximately, to determine in all cases?

I reply, that I believe, in the form dependent on cirrhosis, which is recognized to be one of the most prolific causes, that very few men, if any, are competent to pronounce ex-cathedra, on this question, especially since there are so many sources, which Dr. Loomis justly states may lead to error in the conclusion, that the liver is the seat of the disease.

Every student leaves his college with a definite, or, if you please, an indefinite knowledge of the normal boundaries of the liver, and I have no doubt that he can give you its topo-

graphical anatomy by metes and bounds as accurately as the average real estate man in Birmingham can those of a corner lot. But what an immense advantage the latter, with his theodolite and unobstructed field of vision, possesses over the former, with his pleximeter (percussion and palpation, forsooth), with an abdominal wall cutting off his vision.

I intend no reflection on physical diagnosis as an art or science, if you please, in some of the more pronounced forms of hepatic disease, and regard it as a valuable resource; but how many difficulties could be suggested for purposes of accurate diagnosis, that would humiliate even a Loomis or a DeCosta in clinical differentiation of some of the obscurer forms?

Does not cirrhosis very often exist, with no positive means of ascertaining it with the methods in vogue, as taught in our text books, or as solved by a brother of an experience of even a quarter of a century.

In proof of this position, no very extended argument will be demanded of me by this body; and I shall therefore declare it to be almost an axiomatic truth.

The received doctrine in the pathology of cirrhosis is, that it is a connective tissue leision.

In the first stage, the liver is somewhat increased in size; then as Glisson's capsule thickens more and more, the bulk becomes reduced. In this connection, DeCosta very truthfully records his views on this question in the following language: "It is, however, very doubtful whether the stage of enlargement invariably precedes that of shrinking; probably the process of reduction constitutes at times the first morbid change.

"But without entering into this question, we may state that there are no symptoms by which we can recognize the disease at an early period, whether or not the liver be augmented in volume; for the symptoms at first are the same as those of chronic congestion or chronic inflammation of the organ, nor can we say even after the stage of contraction is fairly developed, that the diagnosis of the affection is easy, or indeed possible."

I note that this writer cites other manifestations to assist in diagnosis of cirrhosis as the disease progresses, symptoms not necessary to embody in this paper, as they are familiar to you all; and after reciting them in detail, he concludes NOT ONE OF THESE SYMPTOMS ARE REALLY CHARACTERISTIC.

In further corroboration, Dr. Adolph Strumpell, in his Text Book of Medicine, in discussing the diagnosis of cirrhosis, employs this language: "We must be cautious, for portal obstruction, with precisely similar results, may be due to other causes like the external pressure of tumors or portal thrombosis. Many forms of hepatic syphilis can not be differentiated from cirrhosis by mere clinical observation of the hepatic disorder."

I hope that I have satisfactorily disposed of two of the propositions announced in the early part of this paper, and if I have, the third proposition would follow in logical sequence, viz: that laparotomy is a justifiable procedure, under just such circumstances as complicate my case of ascites.

With a view of inviting discussion, I introduce the question of laparotomy, as often the only means left the physician in solving the many difficult questions surrounding abdominal dropsy.

I am informed by Dr. Ashby of Baltimore that opening the abdomen for ascites is not a new idea. He states that Sir Spenser Wells, in 1862, made an exploratory incision in a case of ascites, dependent on tuberculosis of the peritonæum. The patient was twenty-two years old and unmarried, suffering from ascites, and as his diagnosis was uncertain, an exploratory incision disclosed myriads of tubercles studding the peritonæum.

The patient recovered and was still living in 1884. The same writer records two operations in America in 1887; in one case the exploration revealed nothing. The result, however, in all, was stated to be satisfactory. Whilst the literature of this subject is meagre and unsatisfactory for statistical value, it furnishes valuable evidence, and authorizes this procedure for diagnostic purposes, notwithstanding the seeming gravity of the operation.

In studying the subject of ascites from the standpoint of my patient, in whose case I feel more than ordinary interest, I frequently asked myself the question, how long should I content myself with hydragogue cathartics, diuretics and the trocar? Is there to be no limit to this unscientific method of treatment, even for temporary relief? When am I to discontinue such profitless therapy, and invoke the aid of the surgeon? I do not think I can answer these questions so well as Dr. T. A. Ashby, of Baltimore, has done, in the January number, 1889, of the American Journal of Obstetrics, in his paper on "laparatomy for ascites," an operation bold in conception; nevertheless his case is certainly a most significant one, and sustains the proposition I started out with: how great difficulty encompasses the diagnosis of ascites, and in fact, how impossible often it is, to do so, or remove the cause, if remediable, by the methods hitherto employed.

I consider myself fortunate in discovering the able paper above referred to, and if my own remarks point no moral other than emphasizing and giving circulation to that of Dr. Ashby's paper, I shall feel that I have not written in vain.

With the permission of the association I will quote what Dr. Ashby states, with reference to the question of "laparotomy for ascites," and give his case in as condensed a form as I can, consistent with a clear understanding of it.

"The question will arise, does the risk involved in an exploratory incision overbalance the probable advantages which may result from the information it is likely to impart?

I shall not call in the aid of a long list of statistics to guide us to the answer of this question, but relying upon the growing experience of the profession, axiomatically assert that exploratory laparotomy carefully aseptically performed, is comparatively speaking free from danger, and should be undertaken in all cases in which the surgeon has a reasonable hope of rendering a service commensurate with the risks it imposes.

In abdominal accumulations the peritonæum is more tolerant of interference than in other conditions, and septic processes

are less likely to result, hence we approach a laparotomy under conditions more favorable than those usually found.

Peritonitis is an infrequent result of abdominal paracentesis. When aroused in the wake of this procedure an explanation will readily be found in the methods employed.

Mere opening of the abdominal walls with the knife has become one of the safest procedures in abdominal surgery, and gives such results, that a growing experience has demonstrated it to be admissible as an invaluable aid to diagnosis.

If it be strictly within the province of scientific work to explore the abdominal cavity for the elucidation of such symptoms as pain, reflex disturbances, and other intra-abdominal conditions, an equal claim should be established for the practice of a procedure, which may enable the surgeon to remove the cause of such a symptom as ascites."

I regret that he omits in his paper to inform us what particular blood vessel was encroached by the tumor, obstructing the circulation, and pronouncing the ascites.

The following is a condensed statement of the case as reported, at length, by Dr. Ashby, in the Journal of Obstetrics of January, 1889: Miss H., age nineteen, Baltimore, Md.; both sides of family tuberculous; had a cough for past few months, disappearing; well nourished, plump, healthy; in February and March, periods were shorter than usual; in April and May, became continuous and health suffered; May 1st, abdomen began to enlarge, and by the 23d was alarmingly distended with fluid; examination of lungs, heart, kidneys, liver, spleen, etc., appeared normal; vaginal examination showed tenderness over either ovary; on June 1st, paracentesis abdominalis, withdrawal of two gallons of ascitic fluid; examination as to causation, negative; June 5th, cavity of peritoneum again filled, second pelvic examination revealed nothing; the trocar, hydragogue cathartics and diuretics offered little or nothing; the diagnosis was, therefore, undetermined, but supposed to be ascites, due to band compressing abdominal vessels; exploratory laparotomy was advised and accepted; median incision, escape of three gallons of fluid; hand pressed in, showed right ovary cystic,

size of billiard ball, removed, with its tube. Further examination show fibro-myoma of left broad ligament as large as a hens egg, this was removed with the finger; it making pressure on the broad ligament, plexus was supposed to be the cause of the ascetes; recovery with cure.

The next Annual Meeting of the Medical Association of the State of Alabama, will be held in the city of Birmingham on the second Tuesday in April, 1890, at 12 o'clock noon, and continuing four days.

Each county is entitled to send two Delegates. The assessment upon the County Societies is ONE DOLLAR for each member, exclusive of Counsellors and Delegates, the former of whom pay A FEE OF TEN DOLLARS and the latter FIVE DOLLARS. Further particulars will be found in the Annual Circular Letter of the Secretary, to be issued March 1st, 1890.

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